



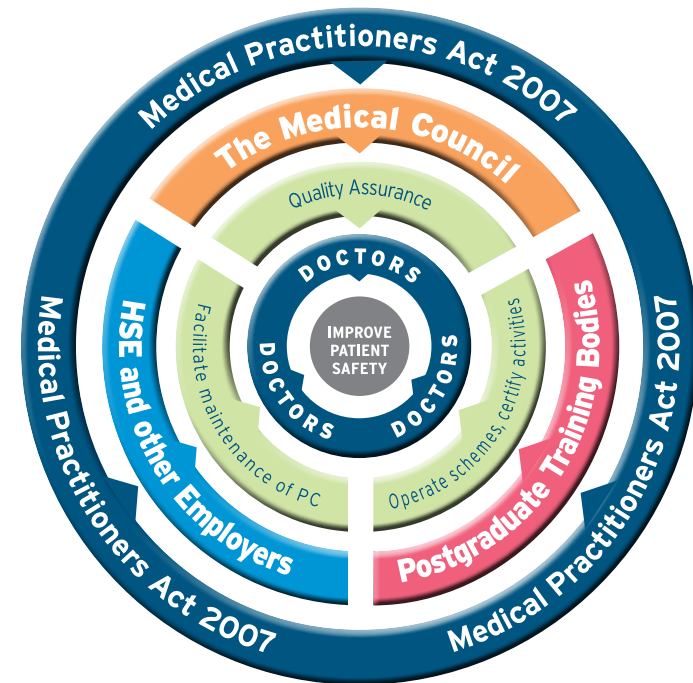
Comhairle na nDochtúirí Leighis
Medical Council

Professional Competence
Reaching for Improvement



Professional Competence
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Guidelines for Doctors

Professional competence at a glance



What doctors need to know

- Contact the postgraduate training body most relevant to your day-to-day practice and enrol in a professional competence scheme.
- Engage in 50 hours of CPD and 1 clinical audit per year.
- Retain documentation relating to your maintenance of professional competence activities.
- From 2012, you will receive a statement of participation from the professional competence scheme in which you are enrolled. You may be requested to provide documentation to the professional competence scheme to support participation in maintenance of professional competence activities.
- From 2012 you will declare to the Medical Council that you are maintaining your professional competence. You may be requested to provide documentation to the Medical Council to support your declaration.

The Medical Council has prepared these guidelines in line with its powers under Section 12 (1) of the Medical Practitioners Act 2007 (the Act). The guidelines aim to inform doctors about how the Medical Council proposes to perform functions in relation to professional competence, and to give doctors information about their responsibilities with regard to professional competence. For ease of reading, the term “doctor” is used with the same meaning as “registered medical practitioner” in the Medical Practitioners Act 2007.

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President's foreword



The provisions of Part 11 of the Medical Practitioners Act 2007 come into effect on May 1st 2011 and place a legal requirement on doctors to maintain their professional competence. This marks an important step forward in the professional lives of doctors in Ireland as they are now required to enrol in professional competence schemes accredited by the Medical Council and operated by postgraduate training bodies. This development will positively impact on the quality and safety of healthcare delivery in Ireland as it will bring our systems in line with best international practice.

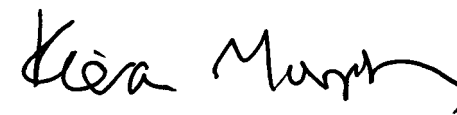
Schemes have been developed for doctors which are straightforward, practice based and focused on patient safety. Doctors can be confident that the scope of activities included in professional competence schemes will be relevant to their day-to-day practice and be of benefit to them and their patients.

We know that the vast majority of doctors have engaged in voluntary professional competence activities for many years. A recent survey by the Medical Council found that 99% of doctors agree that lifelong learning is their professional responsibility, while 96% said they were confident that they will meet requirements to maintain professional competence. We hope that the introduction of schemes will be a seamless change for most of you and will add value to the activities you already engage in by ensuring formal recognition of the maintenance of professional competence. Any doctor who may struggle to keep up with the new requirements can rest assured that support will be on hand from the postgraduate training bodies and the Medical Council. The Council will work hard to ensure that all doctors who wish to remain on the register will be given adequate supports to facilitate fulfilment of their professional competence requirements.

The development of schemes has been a collaborative, consultative process, during which the inputs from doctors, the general public, postgraduate training bodies, the Department of Health and a range of other stakeholders has been pivotal. On behalf of the Medical Council, I would like to thank each individual and organisation who participated in our wide reaching consultation process. I would also like to acknowledge the contribution of the following working groups in the development of professional competence schemes:

- Professional Competence Committee
- Professional Competence Schemes Working Group
- Professional Competence Assessment Working Group
- Forum of Irish Postgraduate Medical Training Bodies
- Professional Competence Steering Committee

This practical guide is designed to provide an overview of the professional competence system and its requirements. It's important however that all doctors are aware that this is a self-directed process. You will assess your own learning needs and schemes are designed to help you to develop skills in those areas. This process has the ultimate goal of improving patient safety in Ireland, and I am confident that you will benefit from this formal process of lifelong learning and skills development as we deliver on this objective.

A handwritten signature in black ink, reading 'Kieran Murphy'.

Professor Kieran C Murphy

President

April 2011



Doctors keep their knowledge and skills up to date by engaging in lifelong learning and local quality assurance activities. This has long been recognised by doctors as a responsibility integral to the medical professionalism which underpins the relationship between themselves and the public, and which helps to maintain trust.

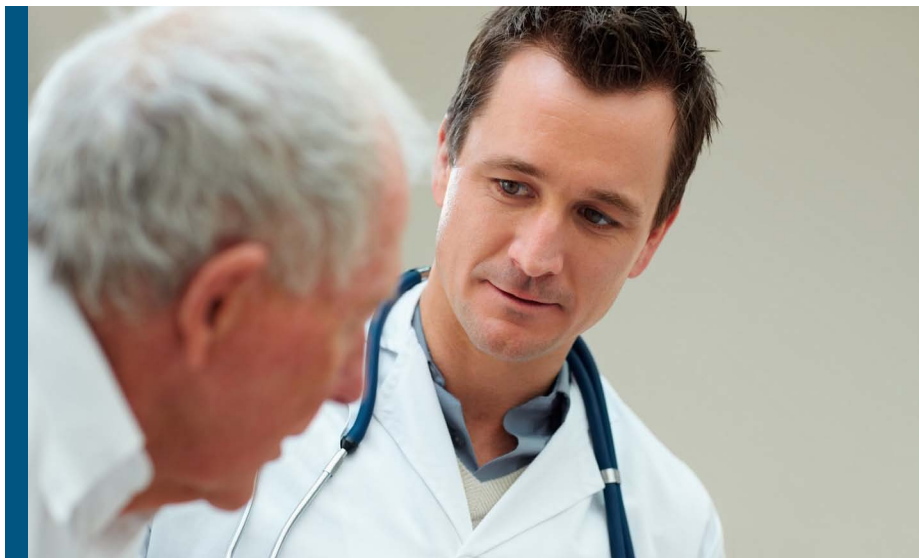
The Medical Practitioners Act 2007

The Medical Practitioners Act 2007 (the Act) modernised the system of medical regulation overseen by the Medical Council. Traditionally, the functions of the Medical Council focussed on protecting the public through ensuring high standards of professional education and training. Part 11 of the Act expands the role of the Medical Council. It establishes new arrangements through which doctors will be responsible and accountable for maintaining their professional competence. These developments strengthen the Medical Council's oversight of the relationship between the public and the medical profession.

Part 11 of the Act sets out three complementary duties:

- Doctors will maintain their professional competence on an ongoing basis pursuant to a professional competence scheme and will cooperate with requirements set by the Medical Council;
- The Health Service Executive and other employers of doctors will facilitate the maintenance of professional competence;
- The Medical Council will satisfy itself as to the ongoing maintenance of professional competence of doctors. To do this, it will establish professional competence schemes. The Medical Council may make arrangements with bodies specially recognised for this purpose to assist it and will monitor and assess the performance of such bodies. Importantly, the Medical Council also has the power to make a complaint wherein it considers that the doctor has refused, failed or ceased to cooperate with the duty to maintain professional competence.

Part 11 of the Act also includes specific provisions to preserve the confidentiality of information relating to professional competence schemes.



Part 11 of the Act outlines the provisions of the professional competence system. Under these provisions, **it is the duty of doctors to maintain their professional competence; it is not the duty of the body operating a professional competence scheme, the employer or any other organisation or person.** This duty formalises what until now has been a voluntary professional practice.

Part 11 of the Act requires the Medical Council to make rules and specify standards for the maintenance of professional competence. The Part 11 Rules and Associated Standards (the Rules and Standards) set out the requirements which govern professional competence schemes. They apply to doctors and also to bodies seeking recognition to assist the Medical Council in operating professional competence schemes.

Maintenance of professional competence will be unique for every doctor. Professional competence schemes are designed to be flexible, so that they can be tailored to individual practice. However, to support accountability, there are explicit requirements for doctors,

so as to enable maintenance of professional competence within a common framework. The Rules are designed to underpin clearly your new duty to maintain competence, while the Standards are designed to provide consistency and promote effectiveness in the way in which you maintain your competence.

Rules for the maintenance of professional competence – what you need to know

The Rules for the maintenance of professional competence are set out in Appendix 1 (page 38). There are several key points to note.

Doctors are required to enrol in a professional competence scheme, unless they are in a recognised training post. The Medical Council has formally recognised and made arrangements with 13 postgraduate training bodies to operate a range of professional competence schemes. Doctors have to select and enrol in the professional competence scheme which is most relevant to their education, training, demonstrated competence and current practice, taking into account any enrolment criteria which recognised postgraduate training bodies may have in place. Once enrolled in a scheme, doctors will maintain their professional competence in compliance with Standards specified by the Medical Council (Appendix 2, page 39).

The Medical Council and its Committees may direct any doctor to a particular professional competence scheme. This situation may arise where, through its monitoring and audit functions the Medical Council considers that a particular doctor should be enrolled in a scheme which is more relevant to the doctor's education, training, demonstrated competence and current practice. The Act gives the Preliminary Proceedings Committee, the Fitness to Practise Committee and the Medical Council powers to "form an opinion or make a decision to refer a complaint about a doctor to a professional competence scheme." The purpose of such a referral may include performance assessment of the doctor. Details of the Medical Council's performance assessment structures will be published soon. The Medical Council currently asks doctors to complete an annual declaration form in conjunction with applications for registration or retention. From 2012, the declaration form

2 | Understanding your duty to maintain professional competence

will include a section on professional competence. This will enable the Medical Council to satisfy itself about doctors' ongoing maintenance of professional competence. Any doctor who fails or refuses to make the declaration will be in breach of Medical Council Rules and may be the subject of a complaint by the Medical Council.

To support its monitoring and auditing functions the Medical Council may at any stage request submission of documentation relating to maintenance of professional competence. The request will specify the form of documentation to be submitted. This will start in 2012, and doctors will receive further information about it in due course. Any doctor who fails or refuses to submit the documentation will be in breach of Medical Council Rules and may be the subject of a complaint by the Medical Council. The Medical Council's monitoring of doctors' maintenance of professional competence is based primarily on a declaration made by the doctor.

To promote confidence in the monitoring process, some doctors will be asked to provide supporting documentation through an audit process which the Medical Council will set up and start in 2012. The Medical Council will provide doctors with more information about this in due course. Any doctor who fails or refuses to make the declaration will be in breach of Medical Council Rules and may be the subject of a complaint by the Medical Council.

The Medical Council has the power under the Act to make a complaint when it considers that a doctor has **"refused, failed or ceased to cooperate with requirements in relation to maintaining professional competence"**. Should this complaint result in referral of the doctor for performance assessment, he or she will be responsible for the associated costs.

Standards for the maintenance of professional competence – what you need to know

Under Rules for the maintenance of professional competence (see Appendix 1, page 38), a doctor is required to comply with Standards for the Maintenance of Professional Competence – Registered Medical Practitioners. The Standards are set out in Appendix 2 (page 39) and are illustrated in Figure 1.

Figure 1: An illustration of the Standards for maintenance of professional competence



These Standards describe the steps in a process for maintenance of professional competence, and also set out targets for accrual of maintenance of professional competence credits across different activity categories. It is the responsibility of each doctor to maintain professional competence in line with the Standards. The Standards do not, however, define a curriculum for doctors to pursue, since maintenance of professional competence is a self-directed process relevant to and embedded in each doctor's own practice.

Professional competence schemes are operated by recognised postgraduate training bodies, under arrangement with the Medical Council, with the aim of supporting enrolled doctors to maintain competence in compliance with the Standards.

2 | Understanding your duty to maintain professional competence

The Medical Council has defined eight domains of good professional practice (see Appendix 3, page 40, and Figure 2 below).

These domains describe a framework of competencies applicable to all doctors across the continuum of professional development from formal medical education and training through to maintenance of professional competence. Since they describe the outcomes which doctors should strive to achieve, doctors should refer to these domains throughout the process of maintaining competence in line with the Standards. For example, the domains can be used to assess needs and plan maintenance of professional competence, and they can be cross-referenced with specific activities for maintenance of professional competence.

Figure 2: The eight domains of good professional practice (see appendix 3 for full details)



Each doctor has to develop a plan for maintenance of professional competence. Developing and putting the plan in place, based on assessed needs, is a critical step in the maintenance of professional competence process. The plan will be informed by the doctor's assessment of his or her needs for maintenance of professional competence in relation to:

- the needs of the patients cared for by the doctor
- the doctor's practice
- the health system

The plan will reflect current needs as well as aiming to anticipate future developments.

Once the plan for maintenance of professional competence is in place, the doctor will engage in activities to implement it. This will enable activities to be relevant to the doctor's assessed needs and to be based on his or her own practice. Engaging in activities to implement the plan for maintenance of professional competence will be a self-directed process for which the doctor – and only the doctor – will be responsible.

Doctors are required to engage in types and quantities of activities as set out in the Medical Council's Framework for Maintenance of Professional Competence Activities (see Figure 4). The recognised postgraduate training bodies, through their professional competence schemes, will provide support through offering examples and guidance on various activities which doctors may pursue to implement their maintenance of professional competence plans. Recognised postgraduate training bodies will act as direct providers of activities and will also accredit activities provided by other individuals and organisations so as to ensure they are of a defined quality. There are a range of Medical Societies and Clubs with special interests, separate to postgraduate training bodies, who provide activities which will receive credits.

Figure 4: Framework for maintenance of professional competence activities

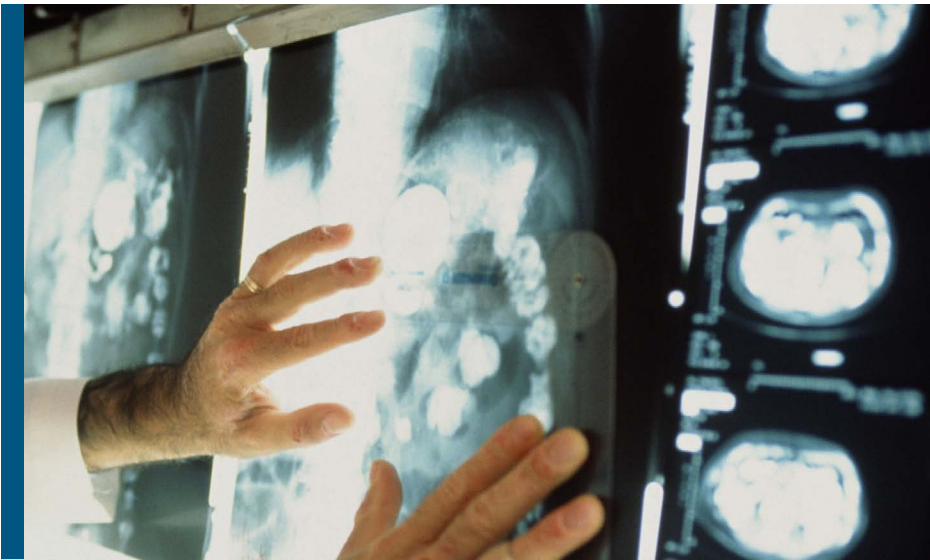
Type of activity	Minimum credits per year*
External – maintenance of knowledge and skills	20
Internal – practice evaluation and development	20
Personal learning	5
Research or teaching	2 desirable
Clinical audit	1**

*In general, 1 hour of activity accrues 1 credit ** In general, 1 clinical audit equals 12 hours of activity

Each doctor is expected to obtain a minimum of 50 credits per year through continuing professional development activity. Activities will comprise of relevant external (maintenance of knowledge and skills), internal (practice evaluation and development), personal learning and research/teaching categories. In addition, each doctor is expected to complete one clinical audit per year.

The activities undertaken to implement maintenance of professional competence will enable doctors to update and continually develop their knowledge, skills and attitudes in order to meet their self-assessed needs. Doctors will reflect on activities and take action to achieve this aim.

Doctors will collect and keep evidence of the activities they undertake to maintain professional competence. The Medical Council can ask to see this evidence to check that doctors are maintaining professional competence in compliance with their Standards.



Professional competence schemes are the central feature of the professional competence system. The Medical Council has established a range of professional competence schemes through making formal arrangements with recognised postgraduate training bodies.

Following an accreditation process, in March 2011 the Medical Council, with the consent of the Minister for Health, granted recognition to 13 bodies which met requirements defined in the Medical Council's Part 11 Rules and Associated Standards. The Medical Council will monitor and assess the performance of recognised postgraduate training bodies in their operation of professional competence schemes on an ongoing basis, in order to assure the public and the medical profession that the structures are robust.

3 | Enrolling in a professional competence scheme

The 13 postgraduate training bodies recognised to provide professional competence schemes are:

- College of Anaesthetists of Ireland
- College of Psychiatry of Ireland
- Faculty of Occupational Medicine, RCPI
- Faculty of Paediatrics, RCPI
- Faculty of Pathology, RCPI
- Faculty of Public Health Medicine, RCPI
- Faculty of Radiologists, RCSI
- Faculty of Sports and Exercise Medicine
(joint collaboration between RCPI and RCSI)
- Institute of Obstetricians and Gynaecologists, RCPI
- Irish College of General Practitioners
- Irish College of Ophthalmologists
- Irish Committee on Higher Medical Training,
Royal College of Physicians of Ireland (RCPI)
- Royal College of Surgeons in Ireland (RCSI)

Schemes applicable to categories of doctors

Doctors will enrol in the professional competence scheme that best reflects their education, training, demonstrated competence and current practice. For further information on schemes applicable to different categories of doctors see Appendix 4, page 42.

For doctors registered in the specialist division practising in their registered speciality, selecting an applicable professional competence scheme is straightforward. The most appropriate scheme will generally be one operated by the postgraduate training body which granted evidence of satisfactory completion of specialist training. Doctors in the specialist division whose day-to-day practice is not relevant to their registered speciality should enrol in the scheme which is most relevant to their current practice.

The process of selecting an appropriate professional competence scheme is also straightforward for doctors registered in the general division. There is further guidance in Appendix 4, page 42, but generally most recognised postgraduate training bodies will enrol doctors:

- who have undertaken postgraduate examinations with the body in the past and/or
- whose current practice is relevant to the body's speciality area(s).

In addition, some recognised postgraduate training bodies operate professional competence schemes which any doctor may enrol in, regardless of their education, training demonstrated competence and current practice. Doctors who find other professional competence schemes unsuitable or inappropriate may wish to enrol in these schemes.

In summary, the range of professional competence schemes established by the Medical Council under arrangement with recognised postgraduate training bodies mean that there are schemes accessible to all doctors.

See Section 5, for frequently asked questions (FAQs) on these topics.

Key elements of a professional competence scheme

A professional competence scheme will provide the doctor with at least the following services:

- a system to facilitate the doctor to record participation in maintenance of professional competence activities, to attribute credits to these activities and to monitor accrual of these credits in line with targets set in the Medical Council's "Standards for the Maintenance of Professional Competence – Registered Medical Practitioners"
- an annual statement to the doctor in respect of enrolment in the professional competence scheme and the accrual of credits from activities for maintenance of professional competence. These statements, to be issued on 1st May each year, will enumerate the annual total of credits claimed for each of the previous five years, in line with targets set in the Medical Council's "Standards for the Maintenance of Professional Competence – Registered Medical Practitioners". The statement will reference any verification process and any corrective action advised to the enrolled doctor where set targets have not been met
- tools, documents and guides to support the enrolled doctor in his or her pursuit of the Medical Council's "Standards for the Maintenance of Professional Competence – Registered Medical Practitioners"
- activities for the maintenance of professional competence which address the domains of good professional practice (Appendix 3, page 40), along with accreditation of activities provided by other individuals or bodies which have met specified educational criteria for the purpose of credits. These activities and services are not necessarily integral to the fee levied for enrolment in the professional competence scheme itself and the provider of the scheme may charge separate or additional fees for them
- a system to verify credits claimed by a sample of enrolled doctors.

4 | Quality control checks



The Medical Council ensures that doctors' maintenance of professional competence is transparent and accountable in order to promote public confidence in the medical profession. Quality control is achieved through a double set of checks operated by the professional competence scheme and the Medical Council.

Statements of participation and verification processes

As previously discussed, the professional competence schemes operated by recognised postgraduate training bodies allow doctors to record participation in maintenance of professional competence activities, to attribute credits to these activities and to monitor accrual of these credits in line with targets set in the Medical Council's "Standards for the Maintenance of Professional Competence – Registered Medical Practitioners".

4 | Quality control checks

Credits accrue to doctors in a 12-month period starting on 1st May each year. **This starts on 1st May 2011 for doctors registered with the Medical Council in the specialist and general divisions as of that date.** Doctors registering on the specialist and general division after 1st May 2011 will enrol within 30 days of becoming subject to the new duty to maintain competence, and will be required to accrue credits in proportion to the point in the 12-month period in which they qualified.

At the end of each 12-month cycle, the professional competence scheme will provide each doctor with a statement of participation, including details of accrual of credits from activities for maintenance of professional competence. This statement of participation is a key document in the formal professional competence system. Doctors should retain the statement as it provides necessary transparency in relation to their maintenance of professional competence. The Medical Council may request this statement as documentation to support any declaration a doctor may make in relation to their maintenance of professional competence.

The statement is based on participation in maintenance of professional competence activities which doctors report to the scheme in which they are enrolled. To promote confidence in these statements, and as a quality control check, recognised postgraduate training bodies will periodically ask enrolled doctors to participate in a verification process, during which they will be asked to support recorded activities with additional evidence. Recognised postgraduate training bodies will provide further information to enrolled doctors. Doctors who maintain professional competence in compliance with Standards set by the Medical Council will find it easy to provide necessary evidence for verification processes.

Declaration to the Medical Council and audit processes

The Medical Council will satisfy itself concerning the ongoing maintenance of the professional competence of doctors. From 2012, the Medical Council will do this by including a question on the annual declaration form which is part of its registration retention process. To promote confidence in the system, and as a quality control check,

the Medical Council will ask some doctors to provide supporting documentation in an audit process. The Medical Council will provide further information to enrolled doctors in due course. Doctors who maintain professional competence in compliance with Standards set by the Medical Council will be easily able to provide necessary evidence for verification processes.

Taking action to promote confidence

As previously discussed, doctors who maintain professional competence in compliance with Standards set by the Medical Council will find the quality control checks described straightforward and easy to fulfil. When the Medical Council becomes aware that a doctor is not satisfactorily maintaining competence, it may take action to promote confidence in the professional competence system from the perspective of the public and of other doctors. Doctors who do not meet the requirements may be reminded of their duty to maintain professional competence, and time-bound opportunities may be provided to address the matter. Ultimately, the Medical Council has the power to make a complaint if it considers that the doctor has refused, failed or ceased to cooperate with requirements to maintain professional competence.



From 1st May 2011 there is a legal obligation for doctors to maintain their professional competence.

YOU are responsible and accountable for maintaining your competence, not another person or organisation.

The new professional competence system is a step forward in the safe, high-quality practice of medicine in Ireland. The new system builds on recognised professional responsibilities and current voluntary practice. In order to provide consistency and to be effective in fostering good medical practice, the Medical Council has introduced Rules and Standards which set out explicit requirements for maintenance of professional competence. Doctors should implement these requirements in the context of their own day-to-day practice of medicine.

This section of the guidelines addresses some common questions in relation to doctors' maintenance of professional competence.

1. Enrolling in a professional competence scheme

1.1 I am registered in more than one speciality

Maintenance of professional competence concerns the whole of a doctor's practice. At this point, it is not linked with re-certification of education and training. If you are practising across the specialities in which you are registered, select one professional competence scheme and then engage in activities relevant to the whole of your practice. Bear in mind that the figure of 50 credits and one clinical audit in a 12-month period is a minimum. Doctors involved in more diverse and complex practice will probably want to exceed these requirements. If you are registered in more than one speciality but your practice is focussed on one specific area, you may wish to consider withdrawing voluntarily from the speciality which you do not actively practise.

1.2 I am registered in one speciality but my current practice focuses on a different area

Over the course of a doctor's career the area of practice can change. Maintenance of professional competence is based on your day-to-day practice. You should enrol in a professional competence scheme, and engage in activities to maintain competence, that reflect your day-to-day practice of medicine. In general, your day-to-day practice will be reflective of your registered speciality; if it is not, you should not represent yourself as being registered as having a speciality in that particular area. If you are registered in one or more specialities, but your practice is focussed on other areas of practice, you may wish to consider withdrawing voluntarily from the speciality (or specialities) which you do not actively practise.

1.3 I am registered in the general division and have no existing link with a postgraduate training body

All doctors in the general and specialist division of the register have a duty to maintain professional competence by enrolling in a professional competence scheme and engaging in maintenance of professional competence activities which are relevant to

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their practice. It is not essential to have an existing link with a postgraduate training body in order to enrol in a professional competence scheme. You should contact the postgraduate training body which you think is most relevant to your area of practice for further advice.

1.4 I find it difficult to see a good fit with my practice in any of the professional competence schemes established by the Medical Council

All doctors in the general and specialist division of the register have a duty to maintain professional competence by enrolling in a professional competence scheme and engaging in maintenance of professional competence activities which are relevant to their practice. For most doctors, enrolling in a professional competence scheme will be straightforward. Some doctors, however, practise medicine in less common roles. You should contact the postgraduate training body which you think is most relevant to your area of practice for further advice.

1.5 I am registered in the trainee specialist division

Doctors practising medicine in individually numbered, identifiable posts approved by the Medical Council will fulfil maintenance of professional competence requirements by virtue of being registered in the trainee specialist division. No further action is required by the doctor other than satisfactory pursuit of training.

1.6 I am in a recognised training post but haven't yet registered in the trainee specialist division

Doctors practising medicine in individually numbered, identifiable posts approved by the Medical Council will fulfil maintenance of professional competence requirements by virtue of being registered in the trainee specialist division. If you are eligible to enter the trainee specialist division you should do so without delay. If you are not registered in the trainee specialist division, you will need to enrol in a professional competence scheme.

1.7 I am registered with the Medical Council as of May 2011 but want to delay enrolling in a scheme

All doctors in the general and specialist division of the register have a duty to maintain professional competence by enrolling in a professional competence scheme and engaging in maintenance of professional competence activities which are relevant to their practice. If you are registered with the Medical Council as of May 2011, you are subject to requirements to maintain professional competence from that date. If there is any delay in processing your application to enrol in a professional competence scheme, you may retrospectively record activities in which you have engaged. However, if the delay is on your part, this provision will not apply and you will need to make up credits.

1.8 I plan to register with the Medical Council some time after May 2011

The new professional competence system becomes operational in May 2011. Credits accrue to doctors in a 12-month period starting on 1st May each year. When you enter the register you must enrol in a professional competence scheme within 30 days of becoming subject to the new duty to maintain competence. You will be required to accrue credits in proportion to the point in the 12-month period in which you registered.

1.9 I am currently registered in the trainee specialist division, but will complete training and plan to register in the specialist division with the Medical Council some time after May 2011

The new professional competence system becomes operational in May 2011. Credits accrue to doctors in a 12-month period starting on 1st May each year. When you enter the register you must enrol in a professional competence scheme within 30 days of becoming subject to the new duty to maintain competence. You will be required to accrue credits in proportion to the point in the 12-month period in which you registered.

2. Professional competence requirements

2.1 I am not clear what I need to do to maintain my competence

All doctors in the general and specialist division of the register have a duty to maintain professional competence by enrolling in a professional competence scheme and engaging in maintenance of professional competence activities which are relevant to their practice. Requirements are set out in the Medical Council's Rules and Standards for professional competence see page 24. This booklet aims to provide guidance about what to do. To summarise:

- You must accrue a minimum of 50 credits for continuing professional development activities, and participate in one clinical audit, each year (see page 16).
- You have to record participation in these activities with the professional competence scheme.
- From 2012 you will be required to declare to the Medical Council that you are maintaining your professional competence.

2.2 I am worried that I will be told that I need to engage in various activities that do not fit with my practice

Maintenance of professional competence is a flexible, self-directed and practice-based process for which each doctor is responsible, in compliance with Standards set by the Medical Council. You will assess your own needs and develop a unique and personal plan for the maintenance of professional competence. Recognised postgraduate training bodies will provide support, and will suggest examples of applicable activities, but the question of prescribing a curriculum does not arise. You are responsible and accountable for your own maintenance of professional competence. You should engage in activities which interest you and which will ultimately benefit your practice.

2.3 I am worried that I will not find time and support to maintain my professional competence

All of the professional competence activities in which you will engage will be relevant to your day-to-day practice of medicine. Most will be part of your day-to-day practice (e.g. clinical audit, participation in local practice-based quality assurance activities etc). You are responsible and accountable for your own maintenance of professional competence. As the process is flexible and self-directed, you should allow time for activities which will support you in your day-to-day activities. The Act requires employers to facilitate the maintenance of professional competence.

2.4 I am worried that by enrolling in a professional competence scheme I will be subjected to a performance assessment

A referral to performance assessment can only occur if the Medical Council receives a complaint about you. Enrolling in a scheme to support your maintenance of professional competence will help you to improve your practice continually. Professional competence schemes established by the Medical Council under arrangement with recognised postgraduate training bodies are not designed to assess performance, nor are they intended to create referral of complaints to the Medical Council.

2.5 I want to engage in activities which are not accredited by recognised postgraduate training bodies

External activities which have been accredited by recognised postgraduate training bodies have been reviewed to ensure quality. However, from time to time you may engage in educational activities which have not been through an accreditation process by a recognised postgraduate training body. You should satisfy yourself that these activities are relevant to your own need and reflect on how they benefit your maintenance of professional competence.

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2.6 I am worried about information being released relating to my maintenance of professional competence

Part 11 of the Medical Practitioners Act includes specific provisions to preserve confidentiality of information relating to professional competence schemes. You can rest assured that all records held about a doctor regarding professional competence schemes are held in the strictest of confidence in accordance with the Medical Practitioners Act and relevant Data Protection and Freedom of Information legislation.

3. Monitoring and audit

3.1 I am worried that I won't fulfil the verification process requirements of a professional competence scheme

You must cooperate with any verification process applied by a recognised postgraduate training body operating a professional competence scheme. You will be asked to provide supporting documentation regarding participation in maintenance of professional competence activities which you have recorded. If you cannot provide supporting documentation, this will be noted. This may impact on the total number of credits which you have accrued in the relevant 12-month period, and you may need to make up credits in the following period.

3.2 I am worried that I won't fulfil the audit process requirements of the Medical Council

You must cooperate with any audit process applied by the Medical Council. You may be asked to provide supporting documentation regarding maintenance of professional competence. Doctors who maintain professional competence in compliance with Standards set by the Medical Council will find the quality control checks straightforward and easy to fulfil. If, however, the Medical Council becomes aware that a doctor is not satisfactorily maintaining competence, it may take action

to promote confidence in the professional competence system from the perspective of the public and of other doctors (see page 23).

3.3 Will the recognised postgraduate training body report on my maintenance of professional competence to the Medical Council?

The recognised postgraduate training bodies will provide annual reports to the Medical Council on the operation of professional competence schemes. The annual report will include summary information on the professional competence scheme such that no particulars relating to the identity of any doctor may be ascertained from it. You will be responsible for reporting to the Medical Council that you are maintaining your professional competence. This is not a responsibility of recognised postgraduate training bodies operating professional competence schemes. In rare situations, where it is necessary to perform functions under the Act and in line with its provisions, your information may be shared directly between the recognised postgraduate training bodies operating professional competence schemes and the Medical Council.

4. Doctors practising outside the State

4.1 I am registered with the Medical Council and usually practise medicine in Ireland but plan to take a short break to practise medicine overseas (less than one year)

Doctors registered with the Medical Council but practising medicine outside the State must maintain their professional competence and follow requirements set by the Medical Council.

If you usually practise medicine in Ireland, are enrolled with a professional competence scheme operated by a recognised postgraduate training body and plan to take a short break to practise medicine overseas, you should contact the professional competence scheme. In general, a short break (less than one year) will be easy to accommodate by continuing to engage in maintenance of professional competence activities while practising overseas and making up any deficit on return to usual practice in Ireland.

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4.2 I am registered with the Medical Council and usually practise medicine in Ireland but plan to take a long break to practise medicine overseas (more than a year) or

I am registered with the Medical Council but usually practise medicine outside of Ireland

A doctor based overseas can maintain their professional competence in line with requirements set by the Medical Council. A doctor may achieve this in either two ways:

1. Doctors practising medicine in countries where there are already established structured maintenance of professional competence type programmes in place (e.g. Australia, Canada, New Zealand, South Africa, the United Kingdom, the United States of America) can pursue requirements to maintain competence in the jurisdiction in which they are practising medicine using such an established local structured maintenance of professional competence type programme. Engaging in activities to maintain professional competence in line with requirements set by the Medical Council will be straightforward and doctors pursuing this approach will find that the requirements set by the Medical Council are very similar to the requirements of other structured maintenance of professional competence type programmes.
2. Alternatively, doctors may wish to contact a professional competence scheme operated by a recognised postgraduate training body. Continuous professional development activities engaged in while in another jurisdiction may be recognised and accredited by the postgraduate training body, while the doctor may avail of the scheme's facility for planning, recording and managing professional competence activities. As with all doctors enrolled in professional competence schemes operated by a postgraduate training body, doctors may be required to participate in a verification process to provide evidence to support your recorded activities.

The Medical Council will oversee the pursuit of the new duty to maintain professional competence through its annual declaration form. When applying

to retain registration with the Medical Council, a doctor will be required to declare that they are maintaining professional competence. Following this, the Medical Council will begin monitoring and auditing processes. Doctors who are selected for audit will be asked to provide evidence of participation in CPD activity in line with Medical Council requirements. For doctors participating in a structured maintenance of professional competence type programme; it will be straightforward to provide further evidence. Please do not submit evidence of CPD activity to the Medical Council unless you are requested to do so. Further details will issue on selection for audit.

A doctor practising overseas pursuing this approach to maintenance of professional competence who comes to practise medicine in Ireland will enrol in a professional competence scheme operated by a recognised postgraduate training body in Ireland when a cumulative total of greater than 30 days per year has been spent in the practise of medicine in Ireland.

If an EEA State citizen is fully established to practise medicine in another member State, the doctor may practise medicine in Ireland on a temporary and occasional basis without having to take out specialist or general registration. Further information is available in the Medical Council's Guide to Registration, available at www.medicalcouncil.ie.

A doctor may choose to voluntarily withdraw from the Medical Council's register and seek restoral upon return to practice in the State. Further information is available in the Medical Council's Guide to Registration, available at www.medicalcouncil.ie.

5. Doctors on leave from medical practice

5.1 I need to take a break from medical practice

Many doctors do not practise medicine for an extended period of time during the course of their career. There can be many reasons for this, from maternity leave to

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illness or taking a career break. The length of any leave of absence from the practice of medicine will have an impact on participation in a professional competence scheme. The following broad guidelines apply:

- **One year or less:** You must tell your postgraduate training body that you intend to cease practising medicine for a period of one year or less. The postgraduate training body may require you to produce relevant supporting documentation, including a professional development plan. You will be advised to make up any deficit in the accrual of credits for maintenance of professional competence activities on return to practice. Where possible you should maintain some engagement in the maintenance of professional competence over the duration of the leave.
- **Between one and three years:** You must notify both your postgraduate training body and the Medical Council that you intend to cease practising medicine. The postgraduate training body may require you to produce relevant supporting documentation, including a professional development plan. You will be advised to make up any deficit in the accrual of credits for maintenance of professional competence activities on return to practice. Where possible you should maintain some engagement in the maintenance of professional competence over the duration of the leave.
- **Over three years:** If you are planning to cease the practice of medicine for more than three years, you are advised to withdraw from the register voluntarily. There is a straightforward process by which you can apply to restore your name to the register at any time in the future. If voluntary withdrawal is not an option, you should contact the Professional Competence Section of the Medical Council. Decisions on matters like this are considered on a case-by-case basis. You will, however, be asked to provide a professional development plan, which may include provisions for a planned re-entry to practice.

- **Leave of absence of any duration:** Doctors may consider voluntary withdrawal from the register. Doctors do not retain the right to practise medicine and have no responsibility to maintain professional competence. Restoration to the register is straightforward.

6. Doctors with flexible and diverse working arrangements

6.1 I work on a part-time or occasional basis

There are no special requirements for doctors working less than full-time, or on an occasional basis. Once registered, a doctor has the right to practise medicine. From the public perspective, the responsibility to maintain professional competence must apply to all doctors, regardless of their working arrangements.

Consequently, all doctors in the general and specialist division of the register have a duty to maintain professional competence by enrolling in a professional competence scheme and engaging in maintenance of professional competence activities which are relevant to their practice. Requirements are set out in the Medical Council's Rules and Standards for professional competence (see page 24). This booklet aims to provide guidance about what to do. To summarise:

- You must accrue a minimum of 50 credits for continuing professional development activities, and participate in one clinical audit, each year (see page 16).
- You have to record participation in these activities with the professional competence scheme.
- From 2012 you will be required to declare to the Medical Council that you are maintaining your professional competence.

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6.2 I work across a number of different roles

There are no special requirements for doctors occupying several roles simultaneously. Once registered, a doctor has the right to practise medicine. From the public perspective, the responsibility to maintain professional competence must apply to all doctors, regardless of their working arrangements.

Maintenance of professional competence is based on your day-to-day practice. You should enrol in a professional competence scheme, and engage in activities to maintain your competence, that reflects your day-to-day practice of medicine. Your area of day-to-day practice should be reflective of your registered speciality; if it is not, you should not represent yourself as being registered as having a speciality in that particular area. If you are registered in one or more specialities, but your practice is focussed on other areas of practice, you may wish to consider withdrawing voluntarily from the speciality (or specialities) which you do not actively practice.

7. Retired doctors who continue the practice of medicine on an ad-hoc basis

7.1 I've retired, but in the past have worked as a locum from time-to-time. Do I need to fulfil professional competence requirements?

Many doctors retire from their career post, but then continue to practise medicine on a part-time or occasional basis. Sometimes the roles these doctors fulfil do not involve day-to-day contact with patients.

There are no special requirements for doctors working less than full-time, or on an occasional basis. Once registered, a doctor has the right to practise medicine. From the public perspective, the responsibility to maintain professional competence must apply to all doctors, regardless of their working arrangements. Consequently, all doctors in the general and specialist division of the register have a duty to maintain professional competence by enrolling in a professional competence scheme and engaging in maintenance of professional competence activities which are relevant

to their practice. Maintenance of professional competence is based on your day-to-day practice. You should enrol in a professional competence scheme, and engage in activities to maintain your competence, that reflects your day-to-day practice of medicine. Both recognised postgraduate training bodies and the Medical Council will support you if you have retired but would like to remain on the register and maintain your professional competence.

7.2 I am retired, don't intend to practise medicine anymore and plan to withdraw from the register. What does this mean for me?

If you withdraw your name from the register voluntarily, you can retain the title of "Dr" and you can administer emergency aid in the event of an accident. You can also contact your relevant postgraduate training body to discuss relevant collegial activities with which you may be able to engage as a retired doctor who has voluntarily withdrawn from the register.

8. Doctors without day-to-day contact with patients

8.1 I don't see patients as part of my work. How can I fulfil professional competence requirements, especially clinical audit?

Not all doctors see patients. Doctors work in health and clinical service policy development and oversight roles, clinical leadership and management roles, medical advisory roles, medico-legal roles, education and training roles, and many more. If you are doing work like this, you should confirm with the person or organisation for which you are filling this role that they require you to fulfil this role as a registered medical practitioner. If this is the case, you must maintain competence in line with your medical practice. You should engage in relevant maintenance of professional competence activities. If your role is entirely comprised of non-patient-facing services, the principles of clinical audit can be applied to your professional practice as an improvement project. Doctors should contact their postgraduate training body for guidance and support.

Appendix 1: Part 11 Rules

The following rules are made in line with Section 11(4) and 94(2) of the Medical Practitioners Act 2007.

1. Every registrant will be required to enrol in a professional competence scheme and to comply with the Medical Council's Standards for the Maintenance of Professional Competence – Registered Medical Practitioners. The pursuit of training by medical practitioners registered in the Trainee Specialist Division shall in itself represent evidence of the pursuit of an applicable professional competence scheme and to comply with the Medical Council's Standards for the Maintenance of Professional Competence – Registered Medical Practitioners.
2. Every registrant must enrol in the scheme that best reflects their education, training, demonstrated competence and current practice. Following recognition of bodies per Section 91, the Council shall publish guidelines per Section 12 as to which professional competence scheme is applicable to different categories of registrant and registrants shall comply with these guidelines.
3. Any registrant may be directed at any time by the Council, the Fitness to Practise Committee, or the Preliminary Proceedings Committee (in their absolute discretion) to enrol in any particular scheme referred to in Section 91, to include but not necessarily limited to a professional competence scheme for performance assessment.
4. Each registrant must be in a position to confirm by way of annual declaration in a form published by the Council to be submitted with any application for registration or retention that they have enrolled in and are complying with the requirements of a specified professional competence scheme.
5. Registrants must submit upon request any supporting documentation required by the Council for the purpose of monitoring and assessing declared compliance with the Medical Council's requirements in respect of professional competence schemes.
6. Registrants must comply with the Council's requirements if they become the subject of an audit.
7. Registrants directed to enrol in the Council's professional competence scheme for performance assessment, on account of the failure on the part of the registrant to comply with a professional competence scheme recognised under Section 91, will be responsible for all costs associated with any assessment under the professional competence scheme for performance assessment.

Appendix 2: Standards for the maintenance of professional competence - registered medical practitioners and framework for maintenance of professional competence activity

Standard 1 - Good Professional Practice

The doctor maintains professional competence to achieve the outcome of good professional practice which contributes to patient safety and quality of patient care.

Standard 2 - Planned on assessed needs

The doctor plans the maintenance of professional competence based on current patient, practice and health system needs as well as anticipated future developments.

Standard 3 - Diverse and relevant practice-based activities

The doctor is responsible for maintaining professional competence through a diverse range of self-directed and practice-based activities relevant to assessed needs to achieve targets set out in Council's Framework for Maintenance of Professional Competence Activities

Standard 4 - Reflection and action

The doctor reflects on activity to maintain professional competence and takes action to ensure good professional practice that contributes to patient safety and quality of patient care.

Standard 5 - Documented and demonstrable

The doctor collects and documents evidence to demonstrate the maintenance of professional competence.

Framework for maintenance of professional competence activities

Type of activity	Minimum credits per year*
External – maintenance of knowledge and skills	20
Internal – practice evaluation & development	20
Personal learning	5
Research or teaching	2 desirable
Clinical audit	1**

*In general, 1 hour of activity accrues 1 credit ** In general, 1 clinical audit equals 12 hours of activity

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Appendix 3: Domains of good professional practice

Patient Safety and Quality of Patient Care

Patient safety and quality of patient care should be at the core of the health service delivery that a doctor provides. A doctor needs to be accountable to their professional body, to the organisation in which they work, to the Medical Council and to their patients thereby ensuring the patients whom they serve receive the best possible care.

Relating to Patients

Good medical practice is based on a relationship of trust between doctors and society and involves a partnership between patient and doctor that is based on mutual respect, confidentiality, honesty, responsibility and accountability.

Communication and Interpersonal Skills

Medical practitioners must demonstrate effective interpersonal communication skills. This enables the exchange of information, and allows for effective collaboration with patients, their families and also with clinical and non-clinical colleagues and the broader public.

Collaboration and Teamwork

Medical practitioners must co-operate with colleagues and work effectively with healthcare professionals from other disciplines and teams. He/she should ensure that there are clear lines of communication and systems of accountability in place among team members to protect patients.

Management (including Self Management)

A medical practitioner must understand how working in the health care system, delivering patient care and how other professional and personal activities affect other healthcare professionals, the healthcare system and wider society as a whole.

Scholarship

Medical practitioners must systematically acquire, understand and demonstrate the substantial body of knowledge that is at the forefront of the field of learning in their speciality, as part of a continuum of lifelong learning. They must also search for the best information and evidence to guide their professional practice.

Professionalism

Medical practitioners must demonstrate a commitment to fulfilling professional responsibilities by adhering to the standards specified in the Medical Council's "Guide to Professional Conduct and Ethics for Registered Medical Practitioners".

Clinical Skills

The maintenance of professional competence in the clinical skills domain is clearly speciality-specific and standards should be set by the relevant Postgraduate Training Body according to international benchmarks.

Appendix 4: Overview of professional competence schemes and categories of doctors to which they are applicable

College of Anaesthetists of Ireland

Specialist division

The doctor is registered in the speciality of Anaesthesia.

General division

The body will review the doctor's postgraduate qualifications and/or experience and/or current practice in anaesthesia.

Other doctors

A doctor with a practice with a particular interest in pain or intensive care medicine not registered in the speciality of anaesthesia may contact the body which will review his or her postgraduate qualifications and/or experience and/or current practice as advised by the Faculty of Pain Medicine and Joint Faculty of Intensive Care Medicine of Ireland.

Contact details: Email: professionalcompetence@coa.ie Tel: (01) 661 4412

College of Psychiatry of Ireland

Specialist division

The doctor is registered in one of the four psychiatric specialities: General Adult Psychiatry, Child and Adolescent Psychiatry, Intellectual Disability, Psychiatry of Old Age.

General division

The doctor holds the MRCPsych (Membership of the Royal College of Psychiatrists), DPM (Diploma in Psychological Medicine) or DCP (Diploma in Clinical Psychiatry) but is not eligible for registration on the specialist register of the Medical Council.

The doctor practises in psychiatry but has not attained the above qualifications and spends more than 50% of his or her clinical sessions in psychiatry.

Contact details: Email: pcs@irishpsychiatry.ie Tel: (01) 661 8450

Faculty of Occupational Medicine, Royal College of Physicians of Ireland (RCPI)

Specialist division

The doctor is registered in the speciality of Occupational Medicine.

General division

The doctor holds one of the following:

- ☐ Licentiate of the Faculty of Occupational Medicine, RCPI (LFOM, RCPI)
- ☐ Membership of the Faculty of Occupational Medicine, RCPI (MFOM, RCPI)
- ☐ Fellowship of the Faculty of Occupational Medicine, RCPI (FFOM, RCPI)
- ☐ Membership of the Faculty of Occupational Medicine, UK (MFOM, RCP UK) Fellowship of the Faculty of Occupational Medicine, UK (FFOM, RCP UK)

Contact details: Email: professionalcompetence@rcpi.ie Tel: (01) 863 9739

Faculty of Paediatrics, RCPI

Specialist division

The doctor is registered in the speciality of Paediatrics and/or Paediatric Cardiology.

General division The doctor holds one of the following:

- ☐ Membership of the Faculty of Paediatrics, RCPI (MFPaed, RCPI)
- ☐ Fellowship of the Faculty of Paediatrics, RCPI (FFPaed, RCPI)
- ☐ Membership of the Royal College of Physicians of Ireland (MRCPi)
- ☐ Membership of the Royal College of Physicians, UK (MRCP UK)
- ☐ Membership of the Royal College of Paediatrics & Child Health UK (MRCPCH UK)
- ☐ Diploma in Child Health, RCPI/RCSI (DCH)

Contact details: Email: professionalcompetence@rcpi.ie Tel: (01) 863 9739

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Faculty of Pathology, RCPI

Specialist division

The doctor is registered in the speciality of pathology or related sub-specialities as follows:

- ☐ Chemical Pathology
- ☐ Haematology
- ☐ Histopathology
- ☐ Immunology
- ☐ Microbiology
- ☐ Neuropathology

Contact details: Email: professionalcompetence@rcpi.ie Tel: (01) 863 9739

Faculty of Public Health Medicine, RCPI

Specialist division

The doctor is registered in the speciality of Public Health Medicine.

General division

The doctor holds one of the following:-

- ☐ Membership of the Faculty of Public Health Medicine of Ireland (MFPHMI, RCPI)
- ☐ Fellowship of the Faculty of Public Health Medicine of Ireland (FFPHMI, RCPI)
- ☐ Membership of the Faculty of Public Health, UK (MFPH, RCP UK)
- ☐ Fellowship of the Faculty of Public Health, UK (FFPH, RCP UK)
- ☐ MPH (of equivalent) and at least 50% of practice in Public Health Medicine

Contact details: Email: professionalcompetence@rcpi.ie Tel: (01) 863 9739

Faculty of Radiologists, RCSI

Specialist division

The doctor is registered in the speciality of Radiology and/or Radiation Oncology

General division

The body will review the doctor's postgraduate qualifications and/or experience and/or current practice in radiology and/or radiation oncology.

Contact details: Email: radiology@rcsi.ie Tel: (01) 402 2139

Faculty of Sports and Exercise Medicine (joint collaboration between RCPI and RCSI)

Specialist division

The doctor is registered in the speciality of Sports and Exercise Medicine.

General division

The doctor practises in sports and exercise medicine and spends more than 50% of his or her clinical sessions in sports and exercise medicine and holds a postgraduate diploma or higher qualification in sports and exercise medicine.

Contact details: Email: sportsfac@rcsi.ie Tel: (01) 402 2780

Institute of Obstetricians and Gynaecologists, RCPI

Specialist division

The doctor is registered in the speciality of Obstetrics and Gynaecology.

General division

The doctor holds one of the following:

- ☐ Membership of the Institute of Obstetricians and Gynaecologists, RCPI (MIOG, RCPI)
- ☐ Membership of the Royal College of Physicians of Ireland, Obstetrics and Gynaecology (MRCPI O&G)
- ☐ Membership of the Royal College of Obstetricians and Gynaecologists UK (MRCOG).

Contact details: Email: professionalcompetence@rcpi.ie Tel: (01) 863 9739

Irish College of General Practitioners

Specialist division

The medical practitioner is registered in the speciality of General Practice.

General division

The medical practitioner practises in general practice and spends more than 50% of his or her clinical sessions in general practice.

Contact details: Email: professionalcompetence@icgp.ie Tel: (01) 676 3705

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Irish College of Ophthalmologists

Specialist division

The doctor is registered in the speciality of Ophthalmic Surgery or Ophthalmology.

General division

The body will review the doctor's postgraduate qualifications and/or experience and/or current practice in ophthalmology.

Contact details: Email: ico@rcsi.ie Tel: (01) 402 2777

Irish Committee on Higher Medical Training, RCPI

Specialist division The doctor is registered in one or more of the following specialities:

- ☐ Cardiology
- ☐ Clinical Genetics
- ☐ Clinical Neurophysiology
- ☐ Clinical Pharmacology and Therapeutics
- ☐ Dermatology
- ☐ Endocrinology and Diabetes Mellitus
- ☐ Gastroenterology
- ☐ General (Internal) Medicine
- ☐ Genito-Urinary Medicine
- ☐ Geriatric Medicine
- ☐ Infectious Diseases
- ☐ Medical Oncology
- ☐ Nephrology
- ☐ Neurology
- ☐ Palliative Medicine
- ☐ Pharmaceutical Medicine
- ☐ Rehabilitation Medicine
- ☐ Respiratory Medicine
- ☐ Rheumatology

General division The doctor is registered in the general division of the Medical Council register.

Contact details Email: professionalcompetence@rcpi.ie Tel: (01) 863 9739

Royal College of Surgeons in Ireland (RCSI)

Specialist division

The doctor is registered in one or more relevant specialities.

General division

The doctor:

- ☐ holds the MRCSI, AFRCSI, FRCSI or equivalent qualifications from other colleges or is at an earlier stage of training and has not yet completed these examinations, and
- ☐ is currently working wholly or primarily in surgical posts or substantive surgical practice at NCHD level or
- ☐ holds a temporary, locum or permanent consultant post but has not applied for or been accepted into the specialist division of the register or
- ☐ is working in a research or other non-clinical area broadly linked to surgical practice having previously worked in a surgical post

A doctor whose practice is not covered by the above description, but who views the RCSI as the most appropriate body to align with, should make an application for further consideration.

Contact details Email: pcs@rcsi.ie Tel: (01) 402 2743



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