

**Arrangement
arising from
Section 91 (4), Medical Practitioners Act, 2007**

between the Medical Council
and

[Post Graduate Training Body]

**for the establishment and operation of
Professional Competence Scheme(s)
under Section 91 (2),
Medical Practitioners Act, 2007**

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Glossary of terms

Medical Practitioners Act 2007: An Act developed for the purpose of better protecting and informing the public in its dealings with medical practitioners and, for that purpose, to introduce measures, in addition to measures providing for the registration and control of medical practitioners, to better ensure the education, training and competence of medical practitioners, to amend the membership and functions of the Medical Council, to investigate complaints against medical practitioners and to increase the public accountability of the Medical Council and to repeal and replace the Medical Practitioners Acts 1978 to 2002.

Medical Practitioners Act 2007, Part 11 – Maintenance of Professional Competence: Part 11 sets out provisions relating to the maintenance of professional competence in Section 91-95 inclusive. It sets out, inter alia, duties for registered medical practitioners, the Medical Council and employers in relation to the maintenance of professional competence.

Part 11 Rules and Associated Standards: These rules were made, by the Medical Council on 18th January 2011, for the better operation of Part 11 of the Medical Practitioners Act 2007 (“the Act”). Sections 91 and 94 of the Act require the Council to pass rules in respect of criteria to be applied to recognised bodies/bodies seeking recognition and in respect of requirements of registered medical practitioners.

Registered Medical Practitioner / Register of Medical Practitioners: If a medical practitioner wishes to practise medicine in Ireland, they are required by law to be registered with the Medical Council. On 16th March 2009, the Register of Medical Practitioners was established under Section 43 of the Medical Practitioner Act 2007 which replaced the General Register of Medical Practitioners and the Register of Medical Specialists, which were established under the Medical Practitioners Act 1978. The Register comprises four Divisions. A medical practitioner can only be registered in one Division at a time, except for a specialist training in another specialty.

General Division, Register of Medical Practitioners: General registration is specifically for medical practitioners who have not completed specialist training and do not occupy an individually numbered, identifiable postgraduate training post.

Specialist Division, Register of Medical Practitioners: Specialist registration is specifically for medical practitioners who have completed specialist training recognised by the Medical Council and can practise independently as a specialist.

Trainee Specialist Division, Register of Medical Practitioners: Internship registration is specifically for medical practitioners intending to practise in individually numbered, identifiable intern training posts, so that they may complete their internship training in Ireland and be awarded a Certificate of Experience. Trainee specialist registration is specifically for medical practitioners who practise in individually numbered, identifiable postgraduate training posts, so that they may complete all or part of their medical specialist training in Ireland and be awarded a Higher/Specialist qualification.

Professional Competence Scheme: Professional Competence Schemes are the formal structures established under Section 91(2) of the Medical Practitioners Act 2007 to ensure that all doctors registered and working in Ireland maintain their education, knowledge and skills (competence) at an acceptable level. From May 2011, all registered medical practitioners are legally obliged to maintain their professional competence pursuant to a Professional Competence Scheme applicable to that registered medical practitioner. Professional Competence Schemes, will apply to all doctors whose names are entered in the General and Specialist Divisions of the Register.

Under the Medical Practitioners Act 2007, the Medical Council will develop, establish and operate a number of Professional Competence Schemes for the purpose of satisfying itself as to the ongoing maintenance of professional competence of registered medical

practitioners. The Medical Council will be assisted by recognised postgraduate training bodies, which will operate the Schemes under arrangement with the Medical Council.

Recognised postgraduate training body: On March 2nd 2011, under powers provided for by section 91(4) of the Medical Practitioners Act 2007, the Medical Council formally recognised thirteen postgraduate training bodies to provide Professional Competence Schemes for the purposes of assisting the Medical Council with duties set out in Part 11 of the Medical Practitioners Act 2007.

Continuing Professional Development: Continuing professional development is the process by which health professionals maintain, update and develop their knowledge, skills and attitudes to meet the needs of patients, the health service, and their own professional development.¹

Clinical Audit: Clinical audit is a clinically-led quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and acting to improve care when standards are not met. The process involves the selection of aspects of the structure, processes and outcomes of care which are then systematically evaluated against explicit criteria. If required, improvements should be implemented at an individual, team or organisation level and then the care re-evaluated to confirm improvements.²

Multi-Source Feedback: Multi Source Feedback is a process of gathering information about a doctor from a variety of sources such as peers, other health care professionals and patients. It has been proven to provide a valid source of feedback about individual performance and can underpin accountability to patients and colleagues.

Preliminary Proceedings Committee: The Preliminary Proceedings Committee (PPC) of the Medical Council is responsible for looking at complaints against doctors. The Preliminary Proceedings Committee of the Medical Council looks at complaints for one or more of the following reasons:

- Professional misconduct or poor professional performance.
- Relevant medical disability.
- Failure to comply with one or more condition(s) attached to registration or an undertaking given to the Medical Council or to take any action specified in a consent given in the context of a previous inquiry.
- Contravention (infringement) of the Medical Practitioners Act, 2007.
- Being convicted in the State for an offence triable on indictment (or, if convicted outside the State, for an offence that would be triable on indictment in Irish courts).

¹ Source: World Federation for Medical Education (WFME) Global Standards for Quality Improvement in Medical Education : Standards in CPD of Medical Doctors with European Specifications. WFME/AMSE International Task Force, 2007

² Source: Building a Culture of Patient Safety: Report of the Commission on Patient Safety and Quality Assurance. Department of Health and Children, 2008.

1. Introduction

Part 11 of the Medical Practitioners Act, 2007, which deals with the maintenance of professional competence, came into effect on 1st May 2010. The commencement of this legislation places a new statutory duty on registered medical practitioners to maintain their professional competence. From 1st May 2011 all registered medical practitioners will be legally obliged to participate in a Professional Competence Scheme.

The Medical Council will be assisted in operating these schemes by postgraduate medical training bodies which have been formally recognised for this purpose.³ The Medical Council has worked in close partnership with these postgraduate training bodies to ensure that suitable schemes are in place for all medical practitioners in the Specialist and General Divisions of the Register of Medical Practitioners.⁴

The purpose of this Arrangement document therefore is:

(1) to describe the framework of understanding between the Medical Council and the recognised postgraduate training body, recognising and building on existing relationships between the Medical Council and the training body

(2) to set out clearly the key roles and responsibilities of registered medical practitioners, the Medical Council, recognised postgraduate training bodies and the Health Service Executive and other employers in respect of the establishment and operation of Professional Competence Schemes

(3) to delineate:

- the scope of the Scheme(s) to be operated
- the quality standards, corporate governance and oversight arrangements to be applied
- the required approach to performance measurement, monitoring and reporting in respect of the agreed Scheme(s) to be operated by the recognised postgraduate training body.

In preparing this Arrangement document the Medical Council has taken care to achieve consistency with key documents which have underpinned the establishment, to date, of Professional Competence Schemes, specifically:

- the Medical Practitioners Act, 2007 (“the Act”)
- the Medical Council’s Part 11 Rules and Associated Standards (2011)
- the application form for bodies seeking recognition from the Medical Council under Section 94 of the Medical Practitioners Act 2007.⁵

This Arrangement document derives from the accepted standards and principles contained in these key documents and does not add new or supplementary criteria. In particular, Part 11 of the Act will continue to be the key mechanism underpinning the system through which the Medical Council regulates the maintenance of professional competence.

³ See Appendix 4 for a list of postgraduate medical training bodies recognised by the Medical Council in March 2011 for the purpose of operating Professional Competence Schemes.

⁴ See Appendix 1 for further background information on the establishment of Professional Competence Schemes.

⁵ See Appendix 2 for Part 11 of the Medical Practitioners Act, 2007 (Maintenance of Professional Competence), and Appendix 3 for the Medical Council’s Part 11 Rules and Associated Standards (2011).

This Arrangement document has been developed to detail the framework of understanding between the Medical Council and the recognised postgraduate training bodies in respect of the Professional Competence Scheme(s) to be operated. The document does not seek to replace the provisions of the Act or to extend the powers, roles, responsibilities of any party beyond the provisions set out in the Act.

Content

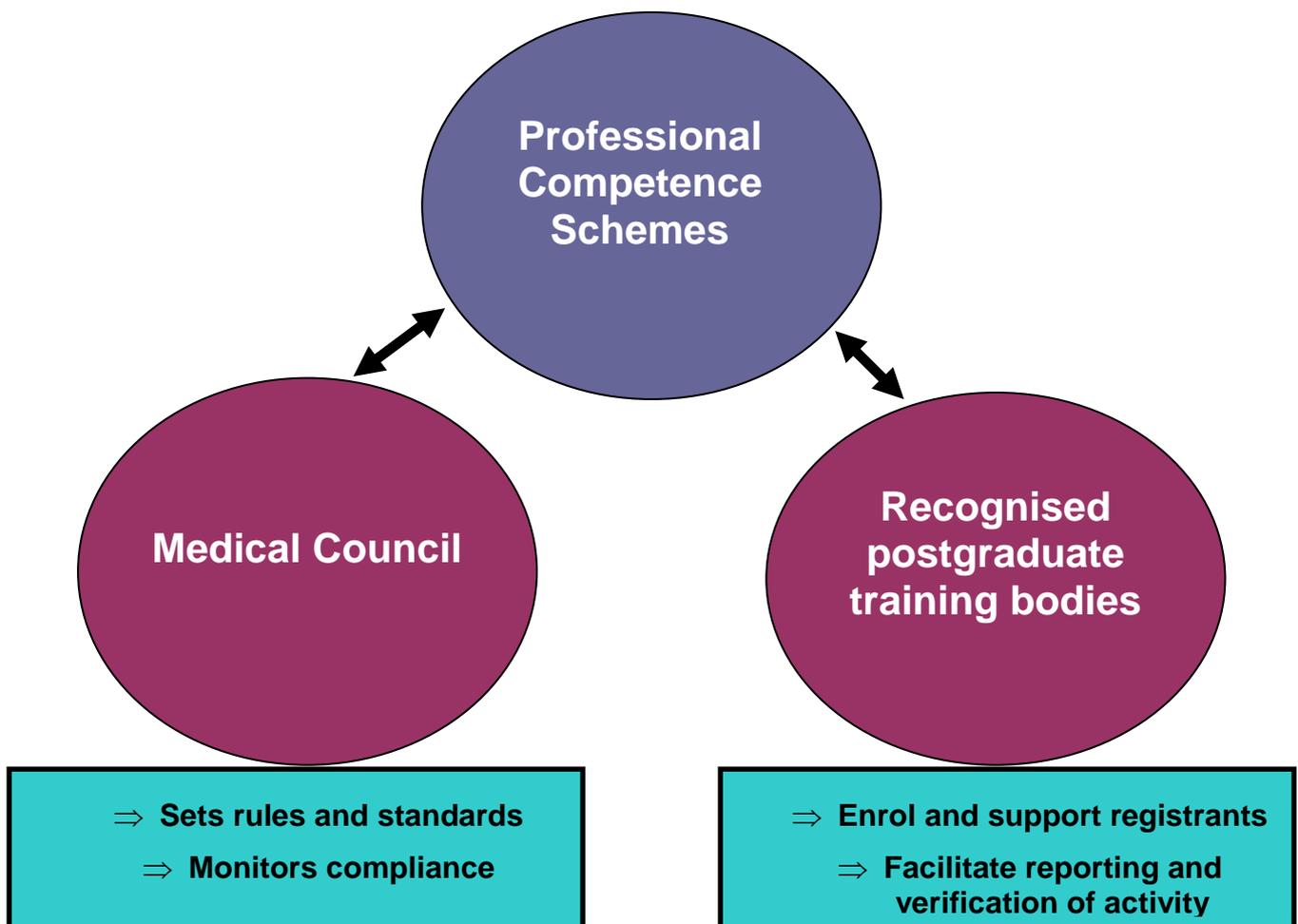
Section 2 of this document provides an overview of the key responsibilities of the various stakeholders involved in the establishment and operation of Professional Competence Schemes. The management arrangement section then sets out, across ten sub-sections and six associated schedules, the requirements which will apply to any recognition that the Medical Council provides to any postgraduate training body for the operation of a Professional Competence Scheme. The Medical Council and the recognised postgraduate training bodies will confirm their acceptance of and agreement with these requirements by signing the Arrangement document at Section 10.

The appendices accompanying this document provide:

- further background information on the establishment of Professional Competence Schemes.
- Medical Practitioners Act 2007, Part 11, Maintenance of Professional Competence.
- the Medical Council's Part 11 Rules and Associated Standards (2011)
- a list of the postgraduate training bodies recognised by the Medical Council in March 2011 for the purpose of operating Professional Competence Schemes.

2. Key responsibilities in relation to Professional Competence Schemes

The Medical Council welcomes the introduction of statutory professional competence requirements as a key element in the maintenance of professional competence of all registered medical practitioners in Ireland. The Council is responsible for specifying and reviewing the standards required for the purpose of maintaining the professional competence of registered medical practitioners. In assisting the Medical Council in the operation of Professional Competence Schemes the recognised postgraduate training bodies will provide formal structures for recording and documenting the participation of registered medical practitioners in maintenance of professional competence activities. The Medical Council will retain responsibility for monitoring and assessing registrants' declared compliance with the Medical Council's requirements in respect of Professional Competence Schemes.



The support, cooperation and collaboration of the main stakeholders – registered medical practitioners, the Medical Council, recognised postgraduate training bodies and employers – are essential for the successful establishment and operation of Professional Competence Schemes. This Section summarises the key responsibilities of these stakeholders in respect of the establishment and operation of Professional Competence Schemes. These responsibilities come into being by way of both the Medical Practitioners Act, 2007 and the Medical Council’s Part 11 Rules and Associated Standards. They do not replace the provisions of the Act or extend the powers, roles or responsibilities of any party beyond the provisions set out in the Act.

This section of the document does not purport to be a legal interpretation of the Act.

Key responsibilities of the registrant

Registered medical practitioners are accountable to their patients, to the organisation in which they work and to the Medical Council. The aim is to ensure that patients receive care from registered medical practitioners which is clinically effective, personal and safe. While registered medical practitioners have always pursued lifelong learning as a professional responsibility, they now have a legal duty to demonstrate that they are maintaining their professional competence.

- Part 11 of the Medical Practitioners Act, 2007, and the Medical Council’s Part 11 Rules and Associated Standards (2011), aimed at “the better operation of these provisions” (Part 11 Rules and Associated Standards, Medical Council, 2011), place a legal obligation on all medical practitioners whose names are entered in the General and Specialist Divisions of the Register of Medical Practitioners to maintain their professional competence by enrolling in a Professional Competence Scheme and following specific requirements set by the Medical Council. Registered medical practitioners have to co-operate with any requirements imposed on the practitioner in rules made under Part 11.
- According to the Medical Council’s Part 11 Rules and Associated Standards (2011), “Every registrant must enrol in the scheme that best reflects their education, training, demonstrated competence and current practice”. Applicants must also satisfy the published requirements of the recognised postgraduate training body in respect of each Scheme.
- “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” (Part 11 Rules and Associated Standards, Medical Council, 2011).
- The Medical Council’s Part 11 Rules and Associated Standards (2011) state that “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.” From 2012, the Medical Council will ask a sample of registered medical practitioners to provide additional evidence for assurance. “Registrants must submit upon request any supporting documentation required by the Medical Council for the purpose of monitoring and assessing declared compliance with the Medical Council’s requirements in respect of Professional Competence Schemes” (Part 11 Rules and Associated Standards, Medical Council, 2011). Registrants must comply with the Council’s requirements if they become the subject of a Medical Council audit.

- Registered medical practitioners are required to comply with the Medical Council's Standards for Maintenance of Professional Competence – Registered Medical Practitioners (2011). These, along with the standards specified in the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners (most current edition, 7th edition, 2009), provide a framework for the broad types and quantities of activities to be pursued annually. They also define the process to be followed in pursuing these activities.
- “The registered medical practitioner will plan the maintenance of professional competence based on current patient, practice and health system needs as well as anticipated future developments” (Part 11 Rules and Associated Standards, Medical Council, 2011). Based on self-assessed needs, registered medical practitioners are responsible for maintaining professional competence through participation in a range of self-directed and practice-based activities in order to achieve targets set out in the Medical Council's Framework for Maintenance of Professional Competence Activities (2011).
- When enrolled in a recognised Professional Competence Scheme, all registered medical practitioners must accumulate at least 50 Continuing Professional Development (CPD) credits over a 12-month period. In addition, registered medical practitioners are required to take part in at least one clinical audit exercise each year.
- Any registered medical practitioner who refuses to co-operate, fails to co-operate or ceases to co-operate with requirements to maintain competence as set out under S91 (6) of the Medical Practitioners Act, 2007 may be the subject of a complaint, by the Medical Council, to its Preliminary Proceedings Committee. This may lead to a medical practitioner being obliged to participate in a performance assessment. “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” (Part 11 Rules and Associated Standards, Medical Council, 2011).

Key responsibilities of the Medical Council

In setting and monitoring standards for the maintenance of professional competence through the establishment of appropriate Professional Competence Schemes the Medical Council will carry out its responsibilities with due care and skill to the highest professional standards. The Medical Council will:

- operate in accordance with Part 11 of the Medical Practitioners Act, 2007
- co-operate, with parity of esteem, with the Forum of Irish Postgraduate Medical Training Bodies and with individual recognised postgraduate training bodies in the ongoing development and operation of Professional Competence Schemes
- within the provisions of this Arrangement, provide strategic direction and guidance on the operation of the Professional Competence Schemes to recognised postgraduate training bodies
- make and carry out Arrangements with recognised postgraduate training bodies for the purposes of establishing and operating Professional Competence Schemes
- devise standards in order to define requirements for registrants with regard to the maintenance of professional competence
- monitor registrants' pursuit of these requirements
- continually monitor and assess the establishment and operation of Professional Competence Schemes, and put forward recommendations for the enhancement and improvement of the operation of the Schemes to the Minister for Health and Children
- hold all information regarding Professional Competence Schemes in the strictest of confidence in accordance with the Data Protection Acts, 1988 and 2003, and the Freedom of Information Acts, 1997 and 2003
- monitor the compliance of registered medical practitioners with the requirements of the specified Professional Competence Schemes and take appropriate enforcement action when registered medical practitioners do not meet compliance requirements. This may involve making a complaint in respect of any registered medical practitioner who refuses to co-operate, fails to co-operate or ceases to co-operate with the requirements of the Scheme as set out in Part 11 of the Act. The Medical Council is empowered to respond in a number of ways, including ultimately bringing the matter before its Fitness to Practice Committee.

Key responsibilities of the Recognised Postgraduate Training Body

Through the operation of Professional Competence Schemes recognised postgraduate training bodies provide a supportive, collegiate, professional development environment for registrants to fulfil their duties under Section 94 of the Medical Practitioners Act, 2007. Each recognised postgraduate training body will carry out its responsibilities under this Arrangement with due care and skill and to the highest professional standards. The recognised postgraduate training body will:

- by establishing and operating Professional Competence Schemes under arrangement with the Medical Council, facilitate registered medical practitioners in a process of engagement in professional competence activities, such as Continuing Professional Development (CPD) and clinical audit, so as to support the development of good professional practice and thereby contribute to patient safety and quality of patient care
- work collaboratively with the Medical Council, other recognised postgraduate training bodies and other key stakeholders, as required
- acquire and maintain recognition from the Medical Council for all Professional Competence Schemes which are the subject of this Arrangement
- provide these Schemes, as set out in Schedule 2, with high-quality leadership and governance
- ensure that all Professional Competence Schemes which are the subject of this Arrangement provide a suitable professional development environment to support the enrolled registrants' pursuit of their duties in relation to the achievement of the Medical Council's Standards for the Maintenance of Professional Competence (2011). This may include (but may not be exclusive to) the provision of:
 - a mechanism for enrolling registrants on the recognised Professional Competence Scheme
 - a mechanism to record and attribute the required CPD credits to various professional activities
 - a range of appropriate tools, documents and guides to support registrants in the pursuit of the Medical Council's Standards for Maintenance of Professional Competence – Registered Medical Practitioners (2011)
 - facilities for registrants to log and monitor credits accumulated through their engagement in activities
 - activities for the maintenance of professional competence which address the Medical Council's Domains of Good Professional Practice (2010)
 - accreditation of activities provided by other individuals or bodies which have met specified educational criteria for the purpose of credits
 - reports on the operation of the Professional Competence Schemes as required by the Medical Council
 - a verification process
 - Professional Competence Scheme Certificates stating that individual registrants are enrolled in the recognised postgraduate training body's Professional Competence Scheme, and enumerating credits claimed by the registrant for engaging in different categories of activities.
- operate the Professional Competence Scheme in line with the Medical Council's Domains of Good Professional Practice (2010) and in compliance with the Standards

for the Maintenance of Professional Competence – Bodies Operating Professional Competence Schemes (Medical Council, 2011)

- provide an appropriate system of information governance, ensuring that registrants' records are accessible only to the individual practitioner and the appropriate officer in the recognised postgraduate training body (this data is protected by the confidentiality clause in Section 95 of the Medical Practitioners Act, 2007)
- report to the Medical Council on the operation of the Scheme(s) and performance measures as set out in this Arrangement
- “declare that it will be responsible for all costs associated with the operation of any Professional Competence Scheme in respect of which the postgraduate training body has secured recognition from the Council. The postgraduate training body will not be entitled to levy any charges or fees in respect of enrolment on a Scheme without the prior written consent of the Council” (Part 11 Rules and Associated Standards, Medical Council, 2011).
- submit an annual operational plan in respect of the Professional Competence Scheme(s) it intends to operate to the Medical Council by 1st September 2011, for the Medical Council to agree within a period of 28 days, with annual operational plans for all subsequent years being due by 1st June of each year.

Key responsibilities of employers

Section 93 (1) and (2) of Part 11 of the Medical Practitioners Act, 2007 places a duty on the Health Service Executive and other employers to facilitate the registered medical practitioner's pursuance of professional competence.

- “The Health Service Executive shall facilitate the maintenance of professional competence of registered medical practitioners pursuant to a Professional Competence Scheme applicable to the practitioners concerned” (Medical Practitioners Act, 2007).
- “An employer of a registered medical practitioner, not being the Health Service Executive, shall facilitate the maintenance of professional competence of registered medical practitioners pursuant to a Professional Competence Scheme applicable to the practitioners concerned” (Medical Practitioners Act, 2007).

Registered medical practitioners in individual private practice are, like registered medical practitioners employed by others, legally obliged to maintain their professional competence by enrolling in a Professional Competence Scheme and following requirements set by the Medical Council.

Management Arrangement

1. General

- 1.1 The parties to this Arrangement are the Medical Council (the “Council”) and the postgraduate training body, recognised by the Medical Council to operate a Professional Competence Scheme under Part 11 of the Medical Practitioners Act, 2007. The Medical Council and the postgraduate training body are referred to jointly as the “parties”.
- 1.2 This Arrangement document sets out the requirements which will apply to any recognition that the Medical Council provides to any postgraduate training body for the operation of a Professional Competence Scheme under Part 11 of the Medical Practitioners Act, 2007. This document does not seek to replace the provisions of the Act or to extend the powers, roles, responsibilities of any party beyond the provisions set out in the Act. Postgraduate training bodies recognised by the Medical Council on the basis of an application seeking recognition under Section 94 of the Medical Practitioners Act, 2007, must accept and agree to these requirements prior to the formal commencement of any recognised Professional Competence Scheme.
- 1.3 The recognised postgraduate training body will operate Professional Competence Schemes through arrangement with the Medical Council and will carry out its responsibilities under this Arrangement with due care and skill and to the highest professional standards. The Medical Council, in setting and monitoring standards for the maintenance of professional competence through the establishment of appropriate Professional Competence Schemes, will also carry out its responsibilities under this Arrangement with due care and skill to the highest professional standards.
- 1.4 Both the Medical Council and the recognised postgraduate training body confirm that the persons who have signed this Arrangement have been fully authorised to do so.
- 1.5 Should the recognised postgraduate training body fail to meet the requirements specified in the Arrangement document, or cannot satisfy the Medical Council that it is meeting them at any time, the Council may, under powers arising from Section 91 (4) of the Medical Practitioners Act, 2007, revoke, suspend or cancel the postgraduate training body’s recognition to operate Professional Competence Schemes. A postgraduate training body, as the subject of such a decision, is entitled to appeal against that decision.
- 1.6 The Medical Council hereby recognises the postgraduate training body in line with Section 91 (4) of the Medical Practitioners Act, 2007 and makes an arrangement with that body to assist the Medical Council with its duty under Section 91 (1) of the Act.
- 1.7 Recognition is valid for a period of three years from the date of recognition, after which a renewal application will be required. This Arrangement will commence on XXXXXX and will end on XXXXXX
- 1.8 This Arrangement is governed by Irish law.

2. Scope of Scheme to be provided

- 2.1 The Arrangement between the Medical Council and the recognised postgraduate training body operationalises the Medical Council's duties and powers under the Medical Practitioners Act, 2007.
- 2.2 This Arrangement document underpins the Medical Council's agreement to a three-year period of accreditation as a recognised postgraduate training body under the meaning of the Act. Changes to the Arrangement during the three-year period can be accommodated through the updating of the Schedules which append this Arrangement document and/or through agreeing changes with the Medical Council as part of the recognised postgraduate training body's submission of its annual operational plan.
- 2.3 The recognised postgraduate training body will provide Professional Competence Schemes as recognised by the Medical Council as set out in Schedule 2.
- 2.4 Services provided as part of the recognised Professional Competence Scheme are to be as stipulated in Schedule 2 of this Arrangement. The recognised postgraduate training body must obtain express written agreement from the Medical Council in advance of any departure from Schedule 2.
- 2.5 The recognised postgraduate training body must submit an annual operational plan in respect of the Professional Competence Scheme(s) it intends to operate to the Medical Council by 1st September 2011, for the Medical Council to agree within a period of 28 days, with annual operational plans for all subsequent years being due by 1st June of each year.
- 2.6 The recognised postgraduate training body agrees to act in a professional and efficient manner, so as to give the Medical Council the full and complete benefit of its knowledge, expertise and competence. In turn, the Medical Council will act in a professional and efficient manner so as to give the recognised postgraduate training body the full and complete benefit of its knowledge, expertise and competence.
- 2.7 The recognised postgraduate training body agrees to inform the Medical Council of any critical third-party arrangements that may be involved in the delivery of the Professional Competence Scheme(s) covered by this Arrangement.
- 2.8 The recognised postgraduate training body is wholly accountable for the operation of the Scheme throughout the period of recognition.

3. Special conditions

- 3.1 The Medical Council may attach special conditions to the recognition it provides under Section 94 of the Medical Practitioners Act 2007. Any special conditions, as agreed with the recognised postgraduate training body, are set out in Schedule 5 of this Arrangement document.

4. Governance

- 4.1 Should any organisational changes take place after the recognised postgraduate training body's application for Medical Council recognition under Section 94 of the Medical Practitioners Act, 2007, the body will provide the Medical Council with appropriate details (to include Memoranda and Articles of Association or equivalent, where relevant, and an organisational chart).
- 4.2 The recognised postgraduate training body's organisational chart must outline clear roles, responsibilities and reporting relationships for the operation of the Professional Competence Scheme.
- 4.3 The recognised postgraduate training body will provide details of named personnel with whom the Medical Council will liaise concerning the operation of the Professional Competence Scheme and the underpinning Arrangement. These details are included in Schedule 1.
- 4.4 The recognised postgraduate training body will notify the Medical Council if there is a change in the key officers or personnel responsible for operating the Professional Competence Scheme.
- 4.5 The Medical Council will meet with the recognised postgraduate training body annually, or as required by either party, in order to consider progress reports related to the Arrangement. The provision of consistently unsatisfactory progress reports may lead to the Medical Council's withdrawal of recognition of the specific Professional Competence Scheme. The parties agree to resolve any dispute arising out of or in connection with this Arrangement in accordance with the Dispute Resolution Process set out in Schedule 6.
- 4.6 In accordance to the requirements of this Arrangement, the recognised postgraduate training body will implement any procedural guidance that the Medical Council issues relating to the operation of the Professional Competence Scheme(s).
- 4.7 The recognised postgraduate training body undertakes to notify its insurer of all services or activities which it delivers as part of the Professional Competence Scheme(s). It agrees to ensure that it has sufficient insurance coverage, as advised by its insurer, to include public and employer liability insurance. The recognised postgraduate training body undertakes to make available all relevant insurances to the Medical Council on request, in accordance to the requirements of this Arrangement.
- 4.8 The Medical Council and the recognised postgraduate training body, their governance structures and staff, agree to act in the best interests of their respective organisations, rather than to further their personal interests or the interests of a third party. In the event of a conflict of interest in relation to the matters covered by this

Arrangement, the relevant party will take appropriate action to resolve the issue and will notify the other party as appropriate.

- 4.9 The parties agree to resolve any dispute arising out of or in connection with this Arrangement in accordance with the Dispute Resolution Process set out in Schedule 6. The recognised postgraduate training body and the Medical Council will not divulge any details of grievances or disputes to any third parties.
- 4.10 Neither party has the right to assign or in any way transfer any of its rights or obligations under this Arrangement to any other party without first obtaining the consent in writing of the other party.
- 4.11 To terminate the Arrangement a party must first notify the other that it is contemplating termination, stating the grounds and what, if any, remedial result by the other will prevent termination.

Grounds for termination include, but are not limited to:

- breach of the terms of the Arrangement
- fraud
- misappropriation
- insolvency.

Should an Arrangement be terminated the relevant postgraduate training body must no longer act or promote itself as if it has Medical Council recognition to operate Professional Competence Scheme(s).

In the event of such a termination the Medical Council will make arrangements with the most relevant alternative postgraduate training body to accommodate enrolled registered medical practitioners in an appropriate Professional Competence Scheme.

- 4.12 Both parties will work collaboratively and in good faith to ensure the satisfactory delivery of the Professional Competence Scheme(s) specified in this Arrangement.
- 4.13 The recognised postgraduate training body will provide high quality leadership and governance to the Professional Competence Scheme(s), as set out in the Schedules attached to this Arrangement document.
- 4.14 The recognised postgraduate training body will operate the Professional Competence Scheme(s) in accordance with the Medical Council's Domains of Good Professional Practice (2010), and in compliance with the Standards for the Maintenance of Professional Competence – Bodies Operating Professional Competence Schemes (Medical Council, 2011).

5. Information governance

5.1 The executive of the recognised postgraduate training body will provide its governing body, council or board with regular reports on the operation of the Professional Competence Scheme. Regular meetings of this body will:

- monitor provision of the agreed Professional Competence Scheme(s)
- monitor progress to date
- facilitate communication and cooperation between the recognised postgraduate training body and the Medical Council.

The recognised postgraduate training body will keep accurate records of these meetings.

5.2 The parties agree to protect the confidentiality of each other's information to the standard at which they protect the confidentiality of their own proprietary and confidential information of like kind. Each party will ensure that any information acquired in, or in connection with, the performance of its obligations under this Arrangement is treated as confidential, and is not disclosed to any person, other than a person expressly authorised by either party.

5.3 The recognised postgraduate training body will safeguard the personal data of enrolled registrants in compliance with the Data Protection Acts, 1988 and 2003 and Section 95 of the Medical Practitioners Act, 2007. Both the recognised postgraduate training body and the Medical Council have regard to their statutory obligations under this legislation. In addition, the Freedom of Information Acts 1997 and 2003 apply to the Medical Council.

5.4 The recognised postgraduate training body must keep records of any complaints received from registered medical practitioners enrolled on the Professional Competence Scheme(s) they operate. The recognised postgraduate training body must also keep a record of how such complaints were managed and resolved. On request from the Medical Council, the recognised postgraduate training body will provide reports on any complaints received.

6. Financial procedures

6.1 In order to ensure the effective and efficient management and administration of the finances and fee income associated with the operation of the Professional Competence Scheme(s), the recognised postgraduate training body will maintain appropriate financial governance, accounting arrangements, systems and practices. This must include:

- income and expenditure reports for the recognised postgraduate training body's operation of the Professional Competence Scheme
- periodic reporting to the recognised postgraduate training body's governing body
- periodic reporting to the Medical Council, as described in Schedule 4.

6.2 The recognised postgraduate training body "will be responsible for all costs associated with the operation of any Professional Competence Scheme in respect of which the body has secured recognition from the Council. The recognised postgraduate training body will not be entitled to levy any charges or fees in respect of

enrolment on a Scheme without the prior written consent of the Council” (Part 11 Rules and Associated Standards, Medical Council, 2011). Each year the recognised postgraduate training body and the Medical Council will agree any fees to be associated with the operation of Professional Competence Schemes.

- 6.3 The recognised postgraduate training body will demonstrate to the Medical Council that the enrollment fee income associated with the Professional Competence Scheme is used efficiently and effectively, and will review and report use against its annual operational plan.
- 6.4 The recognised postgraduate training body must provide evidence of expenditure in respect of the enrollment fee income received in relation to the recognised Professional Competence Scheme(s).
- 6.5 The recognised postgraduate training body will ensure that enrollment fee income associated with the operation of the Professional Competence Scheme(s) is identified appropriately in its accounts.
- 6.6 The Medical Council is under no obligation or liability in respect of the recognised postgraduate training body’s staff or employees.
- 6.7 Should fraud or misappropriation be suspected, or if the recognised postgraduate training body becomes aware of circumstances suggesting fraud or misappropriation in, or in respect of, the activities arising out of this Arrangement, or elsewhere in its operations, the recognised postgraduate training body will immediately notify the Medical Council. It will also ensure that it undertakes all other necessary notifications and actions.

The recognised postgraduate training body will investigate any irregularities immediately, and will give notice to this effect to the Medical Council. The recognised postgraduate training body will also provide Medical Council with all information obtained during the investigation.

In the event that fraud or misappropriation emerges in or, in respect of, the activities arising out of this Arrangement, the recognised postgraduate training body will adhere to all directions provided by the Medical Council.

- 6.8 The recognised postgraduate training body agrees to indemnify, and to keep indemnified, the Medical Council from and against any taxation-related charges or costs, where relevant, that may arise in connection with the performance of the recognised postgraduate training body’s responsibilities under this Arrangement.

7. Quality and standards

- 7.1 The recognised postgraduate training body will ensure that good practice guidelines and other quality standards issued or endorsed by the Medical Council in respect of Professional Competence Schemes developed under Section 94 of the Medical Practitioners Act, 2007, along with any other appropriate good practice, are applied to all services and activities that it provides as part of this Arrangement.

In delivering Professional Competence Schemes the recognised postgraduate training body affirms its compliance with all relevant statutory regulations, strategy and guidance documents in relation to quality and standards associated with Professional Competence Schemes. These include:

- the Medical Practitioners Act, 2007
- Part 11 Rules and Associated Standards (Medical Council, 2011)
- Domains of Good Professional Practice (Medical Council, 2010)
- Standards for the Maintenance of Professional Competence – Bodies Operating Professional Competence Schemes (Medical Council, 2011)
- Framework for Maintenance of Professional Competence Activities (Medical Council, 2011).

- 7.2 The recognised postgraduate training body will inform the Medical Council about the ongoing monitoring of quality and standards as it pertains to the successful operation of the recognised Professional Competence Schemes.

The reporting schedule associated with the operation of each Professional Competence Scheme is set out in Schedule 4.

- 7.3 The recognised postgraduate training body will ensure that relevant responsible individuals are suitably trained and qualified to implement the policies and procedures supporting the Professional Competence Scheme. The Medical Council is under no obligation or liability in respect of the recognised postgraduate training body's staff or employees.
- 7.4 Changes to the content or activities underpinning the Professional Competence Schemes as recognised by the Medical Council are subject to agreement between the recognised postgraduate training body and the Medical Council. Such agreements will be noted in writing and signed by both the Medical Council and the recognised postgraduate training body.

8. Monitoring and accounting for activities

8.1 The Medical Council reserves the right to review the recognition it provides under Section 91 (4) of the Medical Practitioners Act, 2007, and to make recommendations as to the steps that may need to be taken to improve the operation of the Scheme, in particular where the Medical Council is of the opinion that:

- the recognised postgraduate training body is failing to meet the requirements set out in this Arrangement
- the postgraduate training body is failing to carry out the activities for which the Medical Council awarded recognition.

The Medical Council will work to reach an agreed approach with the recognised postgraduate training body in respect of any review and the necessary actions which may arise from it.

8.2 The recognised postgraduate training body will provide any information relating to the operation of Professional Competence Scheme(s), validation of fee income and any of the activities associated with Schemes as may reasonably be requested by the Medical Council from time to time. The required reporting requirements are set out in Schedule 4. The Medical Council is entitled to require further information from a recognised postgraduate training body in cases where it considers that the information provided is insufficient.

8.3 In its annual report to the Medical Council the recognised postgraduate training body must demonstrate that it is operating the Professional Competence Scheme(s) and the agreed activities as described in its application for Medical Council recognition, alongside any subsequent amendments as agreed with the Medical Council under Section 94 of the Medical Practitioners Act, 2007.

8.4 The recognised postgraduate training body must co-operate with any review or reporting requirements set out in Schedule 4.

9. Reference to the Medical Council in publications and other documents

- 9.1 The recognised postgraduate training body will acknowledge the role of the Medical Council in respect of Professional Competence Schemes for registered medical practitioners on all materials and publications, in promotion, advertising and any other printed materials or publicity, directly relating to the Scheme(s) specified in this Arrangement.
- 9.2 Before release, the recognised postgraduate training body will provide the Medical Council with a copy of any media statements, press releases or articles which refer to the Medical Council and its role in establishing Professional Competence Schemes, either explicitly or implicitly. The Medical Council will do likewise in relation to any similar matter that relates specifically to the recognised postgraduate training body. This procedure constitutes a notification or consultation process, rather than an approval process.
- 9.3 The recognised postgraduate training body will display the Medical Council's logo prominently on any printed materials and publications directly associated with the operation of the recognised Professional Competence Scheme(s).

The Medical Council's logo and any other Medical Council branding or straplines cannot be used without prior approval from the Medical Council's Head of Professional Competence following review of printed or emailed copies of any materials, publications, promotions, advertising or other printed materials. The Medical Council will not withhold or delay such material unreasonably.

10. Confirmation and execution

This Arrangement document must be signed and dated by the officer in the organisation with responsibility for the operation of the Professional Competence Scheme. The Dean or President of the recognised postgraduate training body must counter-sign the Arrangement.

I confirm that I am authorised to sign this Arrangement on behalf of

(Name of the recognised postgraduate training body)

I understand that by signing this Arrangement document I am committing (Name of the recognised postgraduate training body) to comply with the requirements contained within the document.

On behalf of (Name of the recognised postgraduate training body) I accept and agree to the conditions in this Arrangement. I affirm that the recognised postgraduate training body is duly authorised to enter into and perform this Arrangement.

Signed on behalf of the Training Body
XXXXXXX
(Officer responsible for operation of PCS)

Date

Signed on behalf of the Medical Council
Ms Caroline Spillane
(Chief Executive Officer)

Date

Signed on behalf of the Training Body
XXXXXXX
(Dean/ President)

Date

Signed on behalf of the Medical Council
Professor Kieran C Murphy
(President)

Date

Schedule 1

Contact details

The purpose of this schedule is to set out the key contact details of the recognised postgraduate training body.

Name of recognised postgraduate training body (registered name) <i>(To include parent body if applicable)</i>	
Name of authorised signatory	
Authorised signatory <i>(This should be the person authorised by the recognised postgraduate training body to sign the Arrangement document)</i>	
Contact details	Address:
	Telephone:
	Mobile:
	Email:

Position of person responsible for engaging with the Medical Council on the day to day operation of the Professional Competence Scheme	
Contact details	Address:
	Telephone:
	Mobile:
	Email:

Schedule 2

Scope of Scheme to be provided

The purpose of this Schedule is to set out the scope of the Professional Competence Scheme as recognised by the Medical Council following review of the postgraduate training body's application for recognition

<p>Category of registered medical practitioners the recognised postgraduate training body will enrol in the Professional Competence Scheme</p>	<p><u>Body specific content</u></p>
<p>Enrolment fee charged to registered medical practitioners</p>	<p><u>Body specific content</u></p>
<p>Description of services to be provided to registrants as part of the Professional Competence Scheme</p>	<ul style="list-style-type: none"> • A system to enrol the registered medical practitioner in the Professional Competence Scheme. The dataset must include the registered medical practitioners Medical Council registration number. • A system to allow the enrolled registered medical practitioner 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 Standards for the Maintenance of Professional Competence – Registered Medical Practitioners (Medical Council, 2011). • The system will provide a periodic statement to the registered medical practitioner in respect of enrolment in the Professional Competence Scheme (date enrolled) and the accrual of credits from activities for maintenance of professional competence. These statements will be issued on the 1st of May each year and will enumerate annual total of credits claimed for each of the previous 5 years in line with targets set in the Standards for the Maintenance of Professional Competence – Registered Medical Practitioners (Medical Council, 2011). The statement will reference any verification process and any corrective action advised to the enrolled registered medical practitioner wherein targets set have not been met. • Provision of tools, documents, and guides to support the enrolled registered medical practitioner in their pursuit of the Standards for the Maintenance of Professional Competence – Registered Medical Practitioners (Medical Council, 2011).

	<ul style="list-style-type: none">• The recognised postgraduate training body will directly provide activities for the maintenance of professional competence which address the Domains of Good Professional Practice (Medical Council, 2010) and accreditation of activities provided by other individuals or bodies which have met specified educational criteria for the purpose of credits. These activities are not necessarily integral to the fee levied for enrolment in the Professional Competence Scheme itself and may be subject to separate fees by the provider of the activity.• A system to verify credits claimed by a sample of enrolled registered medical practitioners.• Provision of reports to the Medical Council in line with this Arrangement.
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Schedule 3

Quality and standards to be applied

The purpose of this Schedule is to specify the quality standards and service assurance aspects which are to be adhered to by the recognised postgraduate training body in operating the Professional Competence Scheme as recognised by the Medical Council.

Principles underpinning quality and standards
<i>The following listing represents relevant regulations and policy documents relating to the operation of Professional Competence Schemes as recognised by the Medical Council. All recognised postgraduate training bodies will operate the Schemes in accordance with the principles set out in these regulations and policy documents. The list below is not exhaustive and may be added to from time to time.</i>
Medical Practitioners Act, 2007
Part 11 Rules and Associated Standards (Medical Council, 2011)
Domains of Good Professional Practice (Medical Council, 2010)
Standards for the Maintenance of Professional Competence – Bodies Operating Professional Competence Schemes (Medical Council, 2011)
Framework for Maintenance of Professional Competence Activities (Medical Council, 2011).
Data Protection Acts 1998 & 2003
Freedom of Information Acts 1997 & 2003
Guide to Professional Conduct and Ethics for Registered Medical Practitioners (most current edition, 7 th edition, 2009)

Schedule 4

Details of reporting

The purpose of this Schedule is to specify what information the recognised postgraduate training body must submit to the Medical Council on a half yearly or annual basis.

Reporting requirements		
<i>This section outlines the key information which the recognised postgraduate training body must present to the Medical Council in order to enable the Council to monitor the activity and performance levels. This Schedule sets out the reports that the recognised postgraduate training body must provide to the Medical Council to facilitate performance management.</i>		
	Half yearly	Annual
Quantitative report against Key Performance Indicators (KPIs)	✓ (Year 1 and on an annual basis thereafter)	✓
Operational plan		✓
Activity, governance and financial report		✓

Key Performance Indicators – Report on KPIs to be provided half yearly in the first year and annually thereafter			
Section 1: General scope of the Professional Competence Scheme			
Number of registered medical practitioners enrolled in the Professional Competence Scheme as per date of report	General Division	Specialist Division	Total
Number of registered medical practitioners requesting enrolment in Professional Competence Scheme since last report	General Division	Specialist Division	Total
Number of registered medical practitioners refused enrolment in Professional Competence Scheme since last report	General Division	Specialist Division	Total
Number of registered medical practitioners permitted entry to Professional Competence Scheme since last report	General Division	Specialist Division	Total
Number of registered medical practitioners who have provided formal notification that they are withdrawing from the Professional Competence Scheme since last report	General Division	Specialist Division	Total
Section 2: Quality of experience for enrolled registered medical practitioners			
Number of complaints, in respect of operation of Professional Competence Scheme, open as per date of report			
Number of new complaints, in respect of operation of Professional Competence Scheme, received since last report			
Number of complaints, in respect of operation of Professional Competence Scheme, closed since last report			
Section 3: Verification processes			
Number of verification processes planned since last report (Target)	General Division	Specialist Division	Total
Number of verification processes completed since last report (% of Target)	General Division	Specialist Division	Total
Number of verification processes commenced but not completed since last report	General Division	Specialist Division	Total
Number of verification processes closed with no further action for registered medical practitioner since last report	General Division	Specialist Division	Total

Number of verification processes closed with corrective action required by registered medical practitioner since last report	General Division	Specialist Division	Total
Section 4: Issuance of certificates			
Number of annual certificates issued to registered medical practitioners with 50 or more CPD credits accumulated over the 12-month period since last report	General Division	Specialist Division	Total
Number of annual certificates issued to registered medical practitioners with between 40 and 49 CPD credits accumulated over the 12-month period since last report	General Division	Specialist Division	Total
Number of annual certificates issued to registered medical practitioners with between 30 and 39 CPD credits accumulated over the 12-month period since last report	General Division	Specialist Division	Total
Number of annual certificates issued to registered medical practitioners with between 20 and 29 CPD credits accumulated over the 12-month period since last report	General Division	Specialist Division	Total
Number of annual certificates issued to registered medical practitioners with between 10 and 19 CPD credits accumulated over the 12-month period since last report	General Division	Specialist Division	Total
Number of annual certificates issued to registered medical practitioners with less than 10 CPD credits accumulated over the 12-month period since last report	General Division	Specialist Division	Total
Number of annual certificates issued to registered medical practitioners since last report with deficit identified whereby registered medical practitioner has not achieved target set for clinical audit	General Division	Specialist Division	Total

Section 5: Provision of activities	
Number of hours of activities provided directly by the recognised postgraduate training body since last report (Total and breakdown by province)	
Total number of credits available across activities provided directly by the recognised postgraduate training body since last report (Total and breakdown by province)	
Section 6: Recognition of activities	
Number of hours of activities recognised by the recognised postgraduate training body since last report (Total and breakdown by province)	
Total number of credits available across activities provided directly by the recognised postgraduate training body since last report (Total and breakdown by province)	
Section 7: Support / helpdesk	
Number of telephone enquiries placed by registered medical practitioners for support relating to Professional Competence Scheme	
Number of email enquiries placed by registered medical practitioners for support relating to Professional Competence Scheme	
Number of personal visits by registered medical practitioners to enquire for support relating to Professional Competence Scheme	
Number of complaints relating to support/helpdesk open as per date of report	
Number of new complaints relating to support/helpdesk received since last report	
Number of complaints relating to support/helpdesk closed since last report	
Section 8: Oversight	
Number of meetings of oversight committees (repeat for each named committee) held in relation to operation of Professional Competence Scheme	
	Committee 1
	Committee 2

Committee 3	
Section 9: ICT/Information management	
ICT system downtime experienced since last report (% of total time)	
Number of complaints relating to ICT open as per date of report	
Number of new complaints relating to ICT received since last report	
Number of complaints relating to ICT closed since last report	
Number of complaints relating to confidentiality/data protection open as per date of report	
Number of new complaints relating to confidentiality/data protection received since last report	
Number of complaints relating to confidentiality/data protection closed since last report	
Section 10: Human resources	
Number of full-time equivalent staff dedicated to operation of Professional Competence Scheme	Administrative Other
Ratio of full-time equivalent staff to enrolled registered medical practitioners	
Number of training sessions held for staff since last report	
Section 11: Finance	
Total value of enrolment fees <i>invoiced</i> by the recognised postgraduate training body in respect of the Professional Competence Scheme over the 12 month period	
Total value of enrolment fees <i>paid to</i> the recognised postgraduate training body in respect of the Professional Competence Scheme over the 12 month period	

Schedule 5

Special conditions

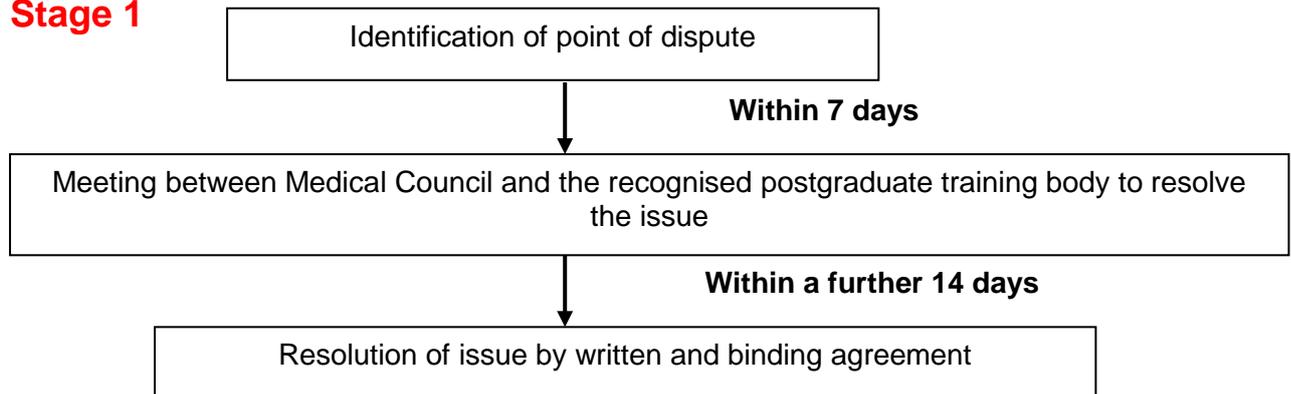
Any special conditions attached to the recognition of this Professional Competence Scheme are set out below:

Schedule 6

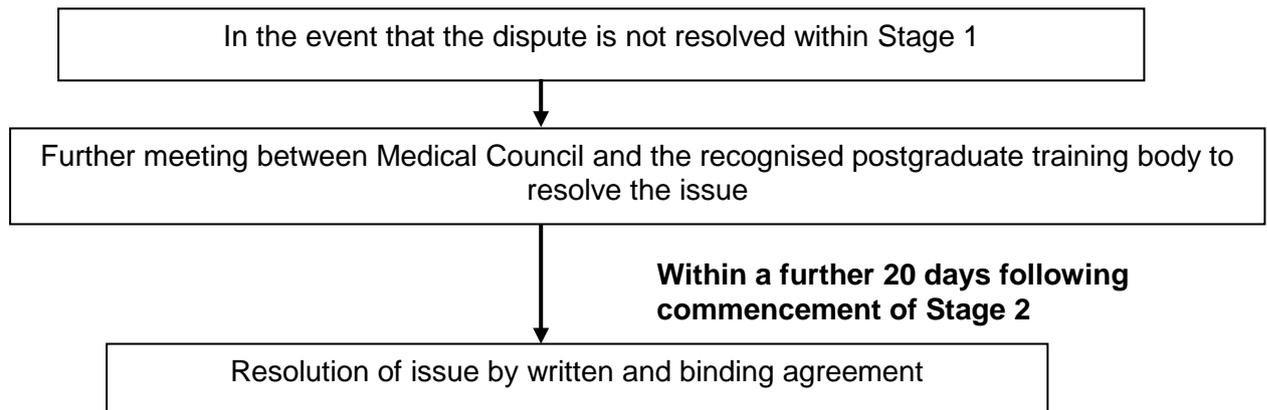
Dispute Resolution Process

In the event of any dispute between the recognised postgraduate training body and the Medical Council arising out of or in connection with this Arrangement, other than the specific performance of an enrolled medical practitioner associated with a Professional Competence Scheme, the parties agree to resolve any dispute in accordance with the Dispute Resolution Process set out below.

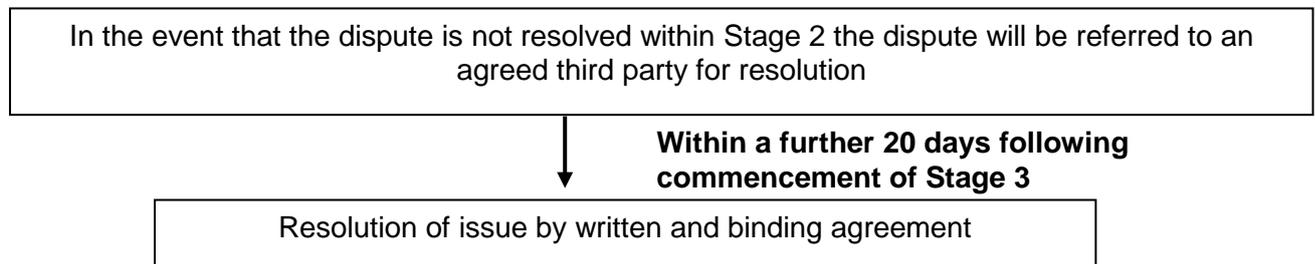
Stage 1



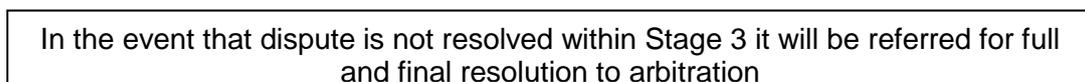
Stage 2



Stage 3



Stage 4



Notes relating to process of arbitration

The arbitrator shall be nominated by agreement between the parties.

The arbitration shall be governed by Irish law and by the provisions of the Arbitration Acts, 1954 to 1998.

The award of the arbitrator shall be final and binding on both parties.

The arbitrator shall have the power to determine all disputes arising out of or in connection with the Arrangement between the parties.

Arbitration of any dispute arising out of or in connection with the Arrangement shall not prevent or delay in any way performance of its obligations under this Arrangement by the Medical Council or recognised postgraduate training body in accordance with the terms of the Arrangement, unless otherwise agreed between the parties.

Appendices

Appendix 1: Background to the establishment of Professional Competence Schemes

The Medical Council was established by the Medical Practitioners Act, 1978 (updated in 2007). The organisation's Statement of Strategy 2010-2013 defines its primary objective as "to protect the public by promoting and better ensuring high standards of professional conduct and professional education, training and competence among registered medical practitioners". The Statement of Strategy describes the Medical Council's principal functions as:

- establishing and maintaining the register of medical practitioners
- approving and reviewing programmes of education and training necessary for the purposes of registration and continued registration
- specifying and reviewing the standards required for the purpose of maintaining the professional competence of registered medical practitioners
- specifying standards of practice for registered medical practitioners including providing guidance on all matters related to professional conduct and ethics
- instituting disciplinary procedures.

The Medical Council's commitment to public protection and patient safety provides the context for all its activities, and for its relationships with the medical profession and the institutions and training bodies which are involved in training registered medical practitioners.

From the patient's point of view the competence of registered medical practitioners is non-negotiable. 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.

In this context maintenance of professional competence is a shared and long-standing strategic priority for both the Medical Council and the postgraduate medical training bodies. Professional competence stems from a firm educational grounding, followed by a period of training to acquire the relevant knowledge and skills in the workplace. After that, continued competence is maintained through a combination of education, experience and continuous development, related to required professional standards and the systems for ensuring adherence to those standards. Acquiring and maintaining professional competence involves collaboration between individual registered medical practitioners, education and training bodies, employers, and the bodies which set and enforce standards.

Professional Competence Schemes are the formal structures provided for under Part 11 of the Medical Practitioners Act, 2007 ("the Act") to ensure that all registered medical practitioners maintain their knowledge and skills in line with statutory duty and the requirements set by the Medical Council by way of rules and associated standards. As such, the Professional Competence Schemes are the cornerstone of the system for the maintenance of professional competence. Pursuit of a Professional Competence Scheme is a statutory duty which allows registered medical practitioners to engage in a formal process of lifelong learning and improvement, thus highlighting their commitment to the continual development of their knowledge, skills and practice throughout their professional lives.

Part 11 of the Act constitutes an important milestone for the medical profession and its commitment to enhancing patient safety. In moving from voluntary to statutory provision for maintenance of professional competence, it marks an important advance in medical

professionalism in Ireland and provides a platform for both the Medical Council and the postgraduate medical training bodies to bring their work to a new level. The introduction of statutory professional competence provides the conditions in which all registered medical practitioners can maintain and develop their knowledge and skills throughout the course of their professional lives, so as to reassure patients that the profession is committed to the highest possible standards and quality of medical attention.

The new professional competence system requires registered medical practitioners to engage in activities aimed at helping them to keep their knowledge and skills up to date. This is particularly important in an environment of rapidly changing scientific knowledge, raised patient expectations and increasingly sophisticated health care delivery systems. Placing learning and local quality assurance activities on a mandatory basis through Professional Competence Schemes formalises existing commitment to continuous improvement and makes these activities more robust through the support of recognised postgraduate training bodies and the oversight of the Medical Council and.

While the term “Professional Competence Scheme” is new, many of the activities that the schemes will involve already exist. The mandatory Professional Competence Schemes augment and build on existing voluntary Continuing Professional Development (CPD) structures, such as lectures, seminars, case conferences, clinical audits and practice reviews. The recognised postgraduate training bodies have a history of close engagement with their members on the issue of maintenance of professional competence and heretofore have encouraged them to participate, on a voluntary basis, in CPD. The postgraduate training bodies have also worked closely with similar bodies abroad to identify good practice and to guide the ongoing development and enhancement of CPD.

The new system of professional competence is straightforward, practice-based, and focused on driving good professional practice. It is designed to promote self-directed and practice-based learning and quality assurance activities for registrants who are not in training. Professional Competence Schemes are concerned with activities that maintain and develop competencies essential for meeting the changing needs of patients and the healthcare delivery system. They aim to facilitate participants in planning, recording and reflecting on professional development needs on a self directed basis, as part of their pursuit for lifelong learning. By participating in a Professional Competence Scheme registered medical practitioners can work towards “the maintenance of professional competence based on current patient, practice and health system needs, as well as anticipated future developments” (Part 11 Rules and Associated Standards, Medical Council, 2011). Professional Competence Schemes are intended to provide a supportive professional development environment for registered medical practitioners as they engage in learning and skills enhancement throughout their professional lives.

The Act gives responsibility for the development and implementation of Professional Competence Schemes to the Medical Council. The success of Professional Competence Schemes, however, depends on the continued support, cooperation and collaboration provided by recognised postgraduate training bodies, the HSE and other employers and registered medical practitioners themselves. In particular, the recognised postgraduate training bodies have long-standing involvement and great expertise in the delivery of specialist training. These factors are vitally important for the successful introduction and operation of the mandatory professional competence system. The role of recognised postgraduate training bodies in assisting the Medical Council in operating Professional Competence Schemes is critical, and highly valued.

The Forum of Irish Postgraduate Medical Training Bodies convened a Sub-Committee to facilitate cooperation, build good practice and to discuss, advise on and advance matters of

mutual interest and shared learning with the Medical Council in respect of the role of Professional Competence Schemes. In so doing it has played a vital role in advancing the development of the Schemes. In line with this collaborative approach the Medical Council set up a Professional Competence Steering Committee to facilitate the development and implementation of comprehensive and effective Schemes, bringing together with employers in the public, voluntary and independent sector, the Department of Health and Children and the recognised post graduate training bodies. The Committee fostered the sense of partnership and mutuality necessary for this important process.

In addition, the Medical Council used effective consultation and proactive engagement to elicit opinion and experience from the public, the medical profession and other stakeholders in relation to the development of the rules on professional competence. Published in draft form in October 2010 the Part 11 Rules and Associated Standards were put out for wide consultation before being adopted formally in January 2011. For key milestones in the development of Professional Competence Schemes, see the table on page 42.

At the same time the Medical Council sought applications from postgraduate training bodies interested in assisting the Medical Council to operate Professional Competence Schemes. The postgraduate training bodies had to frame their applications in line with the Medical Council's Standards for the Maintenance of Professional Competence (2011) and also had to demonstrate their capacity and capability for recognition under Part 11 of the Act, setting out proposals in respect of Schemes that they would seek to operate if recognised. Based on the applications the Medical Council's Professional Competence Committee recommended that the Medical Council recognise 13 postgraduate training bodies under Section 91(4) of the Medical Practitioners Act, 2007. This recognition opens the way for the Medical Council to make and carry out Arrangements with the 13 postgraduate training bodies for the purposes of assisting the Medical Council "to satisfy itself as to the ongoing maintenance of professional competence of registered medical practitioners" (Medical Practitioners Act, 2007). From May 2011, registered medical practitioners not in training will be required to enrol in these Schemes.

The Medical Council's approach to Professional Competence Schemes is incremental. In introducing the Schemes the Medical Council has been mindful of and sensitive to the evolving quality and safety agenda in Ireland, the growing maturity and sophistication of local clinical governance in healthcare organisations, and the varying stages of development and readiness amongst the different stakeholder groups. All stakeholders anticipate that the system established in May 2011 will evolve over time in the light of experience. Once it is operational, the Medical Council will keep the system under review in order to ensure that it is both practical and effective. This is in line with the Medical Practitioners Act, 2007 which specifically requires the Medical Council to review Professional Competence Schemes and to report on them to the Minister for Health and Children. Initially the Schemes recognised by the Council will consist of two main elements: CPD and clinical audit. Over time, the Medical Council intends to explore and identify a role for multi-source feedback.

To be meaningful a professional competence system must have credibility with the public whose trust in registered medical practitioners it seeks to maintain. It must also coordinate and integrate with the national framework for quality and safety in healthcare, including local clinical, managerial and governance arrangements, and the efforts of other regulators. Both the Medical Council and the recognised postgraduate training bodies have therefore committed to the following set of principles and values:

- Every registered medical practitioner must place patient safety and quality of patient care at the core of the service he or she provides. Professional Competence

Schemes strive to bring about the outcome of good professional practice which fosters patient safety and quality of patient care.

- The development and maintenance of high standards in education, training and professional competence are in the interest of patient safety and healthcare.
- Professional Competence Schemes are intended to provide a transparent and accountable process through which the public can see that registered medical practitioners are committed to furthering their knowledge and improving quality of care. In this way Professional Competence Schemes can help to maintain trust between the public and registered medical practitioners.
- The optimal delivery of Professional Competence Schemes depends on effective and balanced coordination between the Medical Council, the recognised postgraduate training bodies, registered medical practitioners and other relevant agencies.
- Professional Competence Schemes are intended to be straightforward and streamlined, as well as being robust and effective. They seek to complement the existing matrix of regulatory and oversight activities that underpin safe, high-quality and competent medical care and aim to add value to the efforts of registered medical practitioners to maintain competence and to improve the safety and quality of patient care.

The key milestones involved in the development of Professional Competence Schemes are outlined in the table below.

Key milestones	Date
Medical Council establishes Working Group on Competence Assurance Structures	June 2001
Medical Council Performance Committee established	July 2006
Medical Council publishes "Performance in Practice - Maintenance of Professional Standards: Consensus Statement"	August 2006
Medical Practitioners Act, 2007	May 2007
Medical Council Performance Committee disestablished	May 2008
Medical Council establishes Professional Competence Steering Committee	September 2008
Medical Council publishes "Performance Assessment - Developing Standards, 2008"	October 2008
Medical Council publishes "Professional Practice Review - Developing Standards 2008"	October 2008
Medical Council establishes Professional Competence Assessment Working Group	November 2008
Medical Council establishes Professional Competence Schemes Working Group	February 2009
Part 11 of the Medical Practitioners Act 2007 commenced	May 2010
Communiqué from Medical Council to all registered medical practitioners concerning the commencement of Part 11 of the Medical Practitioners Act, 2007	July 2010
Public consultation opened on Part 11 draft rules and associated standards	October 2010
Applications opened for bodies aspiring to be recognised under S91 (4) to assist the Medical Council with its Part 11 duties	November 2010
Medical Council publishes Part 11 Rules and Associated Standards	January 2011
Professional Competence Committee established, incorporating Professional Competence Schemes Working Group and Professional Competence Assessment Working Group	February 2011
Medical Council makes decisions with respect to recognition of bodies under S91(4) of the Medical Practitioners Act 2007	March 2011
Arrangements made with bodies recognised under S91 (4) to establish Professional Competence Schemes under S91 (2)	March 2011

Appendix 2: Medical Practitioners Act 2007, Part 11, Maintenance of Professional Competence

PART 11 Maintenance of Professional Competence

91.—(1) It shall be the duty of the Council to satisfy itself as to the ongoing maintenance of the professional competence of registered medical practitioners.

Duty of Council in relation to maintenance of professional competence of registered medical practitioners.

(2) The Council shall, not later than the 1st anniversary of the commencement of this section, or such longer period as the Minister permits in writing at the request of the Council, develop, establish and operate one or more than one scheme for the purposes of performing its duty under *subsection (1)*.

(3) The Council shall, in respect of a professional competence scheme—

(a) review the operation of the scheme periodically, and

(b) may, following such a review, make recommendations to the Minister as to the steps that, in the opinion of the Council, may need to be taken to improve the operation of the scheme.

(4) The Council may, with the consent of the Minister and in accordance with the relevant criteria specified in rules made under *section 11*—

(a) recognise, recognise subject to conditions attached to the recognition of, amend or remove conditions attached to the recognition of, or withdraw the recognition of, a body approved under *section 88(2)(a)(i)(II)* or *89(3)(a)(ii)* with which the Council may make and carry out an arrangement with for the purposes of assisting the Council to perform its duty under *subsection (1)*, or

(b) refuse to recognise a body approved under *section 88(2)(a)(i)(II)* or *89(3)(a)(ii)* as a body with which the Council may make and carry out an arrangement with for those purposes.

(5) The Council shall monitor and assess the performance of bodies recognised under *subsection (4)* based on the criteria referred to in that subsection.

(6) Where, arising from the performance of its duty under *subsection (1)*, the Council considers that a registered medical practitioner—

(a) who, being required under *section 94(2)* to co-operate with any requirements imposed on the practitioner in rules made under *section 11*, has refused to so co-operate, has failed to so co-operate or has ceased to so co-operate,

(b) has contravened *section 94(4)*,

(c) may pose an immediate risk of harm to the public, or

(d) may have committed a serious breach of its guidance on ethical standards and behaviour,

then the Council shall forthwith make a complaint.

(7) Where, arising from the performance of its duty under *subsection (1)*, the Council considers that a medical practitioner registered in the Specialist Division or the Trainee Specialist Division has been given every reasonable opportunity by the Council to improve the practitioner's professional performance but whose professional competence is found by the Council to continue to be below the standards of competence that can reasonably be expected for continued registration in the Specialist Division, or the Trainee Specialist Division, as the case may be then the Council may make a complaint.

(8) Where the Council makes a decision under *subsection (4)(a)* or *(b)*, it shall give notice in writing (accompanied by a copy of *section 92*), as soon as is practicable after making the decision, to the body the subject of the decision of—

(a) the decision,

(b) the date on which the decision was made, and

(c) the reasons for the decision.

Appeal to Court
against Council's
decision under
section 91(4)(a) or
(b).

92.—(1) A body the subject of a decision made by the Council under *section 91(4)(a)* or *(b)* may, not later than 21 days after the body received notice of the decision under *section 91(8)*, appeal to the Court against the decision.

(2) The Court may, on the hearing of an appeal under *subsection (1)* by a body, consider any evidence adduced or argument made, whether adduced or made to the Council.

(3) The Court may, on the hearing of an appeal under *subsection (1)* by a body—

(a) either—

(i) confirm the decision the subject of the appeal, or

(ii) cancel that decision and replace it with such other decision as the Court considers appropriate,

and

(b) give the Council such direction as the Court considers appropriate and direct how the costs of the appeal are to be borne.

(4) The Council shall, on complying with any direction given by the Court under *subsection (3)*, give notice in writing to the body concerned of the Council's compliance with the direction.

93.—(1) The Health Service Executive shall facilitate the maintenance of professional competence of registered medical practitioners pursuant to a professional competence scheme applicable to the practitioners concerned.

(2) An employer of a registered medical practitioner, not being the Health Service Executive, shall facilitate the maintenance of professional competence of registered medical practitioners pursuant to a professional competence scheme applicable to the practitioners concerned.

Duty of Health
Service Executive
and other
employers in
relation to the
maintenance of
professional
competence of
registered medical
practitioners.

94.—(1) A registered medical practitioner shall maintain the practitioner’s professional competence on an ongoing basis pursuant to a professional competence scheme applicable to that practitioner.

Duty of registered Medical practitioners to maintain professional competence.

(2) A registered medical practitioner shall co-operate with any requirements imposed on the practitioner in rules made under *section 11*.

(3) The Council may, by notice in writing given to a registered medical practitioner whose registration does not fall within *subsection*

(2) but who has given an undertaking pursuant to *section 67(1)*, require the practitioner to co-operate with such an undertaking to the satisfaction of the Council.

(4) A medical practitioner shall comply with a notice under *subsection (3)* given to the practitioner.

95.—(1) Subject to *subsections (2) and (4)*, a person who acquires any information by virtue of the person’s performance or assistance in the performance of functions under this Act relating to any professional competence scheme shall preserve confidentiality with regard to the information and, without prejudice to the foregoing, shall not—

Confidentiality.

(a) disclose the information to another person except where the disclosure is necessary for such performance or assistance, or

(b) cause or permit any other person to have access to the information except where the access is necessary for that other person to perform or assist in the performance of functions under this Act (including the functions of any *section 20(2)* committee).

(2) Notwithstanding *subsection (1)*, the Council may disclose information—

(a) in the form of a summary compiled from information provided in relation to registered medical practitioners participating in a competence scheme if the summary is so compiled as to prevent particulars relating to the identity of any such practitioners being ascertained from it,

(b) with a view to the institution of, or otherwise for the purposes of, any criminal proceedings or any investigation in the State, or

(c) in connection with any civil proceedings to which the Council is a party.

(3) The Freedom of Information Acts 1997 and 2003 shall not apply to a record (within the meaning of those Acts) relating to any professional competence scheme.

(4) Nothing in this section shall be construed as prohibiting a disclosure of information pursuant to a court order.

(5) A person who contravenes *subsection (1)* shall be guilty of an offence and liable on summary conviction to a fine not exceeding €5,000 or a term of imprisonment not exceeding 6 months or both.

Appendix 3: Part 11 Rules and Associated Standards

PART 11 RULES AND ASSOCIATED STANDARDS

Rules made by the Medical Council on 18th of January 2011 under Section 11 of the Medical Practitioners Act 2007

These rules are made for the better operation of Part 11 of the Medical Practitioners Act 2007 ("the Act"). Sections 91 and 94 of the Act requires the Council to pass rules in respect of criteria to be applied to recognised bodies/bodies seeking recognition and in respect of requirements of practitioners and for the sake of clarity this set of rules, inter alia, sets out the said criteria and requirements. The rules of interpretation shall be as stated in section 2 of the Act unless otherwise stated.

The Council will apply the following criteria per Section 91(4):

1. A body must demonstrate that the professional competence scheme(s) which it operates
 - a. incorporates the Medical Council's 'Domains of Good Professional Practice' (which is attached within Appendix 1 hereto).
 - b. complies with the Medical Council's Standards for the Maintenance of Professional Competence – Bodies Operating Professional Competence Schemes (which is attached within Appendix 2 hereto).
2. The body will be required to declare that it will be responsible for all costs associated with the operation of any professional competence scheme in respect of which the body has secured recognition from the Council. The body will not be entitled to levy any charges or fees in respect of enrolment on a scheme without the prior written consent of the Council.
3. Recognition shall be valid for a period of three years from date of recognition and a renewal application will be required for a further period of recognition.

The following rules are made pursuant to Section 11(4) and 94(2).

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 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.

THIS RULE WILL COMMENCE ON THE 18th DAY OF JANUARY 2011

GIVEN under the Official Seal of the Council

DATE
18th January 2011



Professor Kieran Murphy
President



Ms Caroline Spillane
Chief Executive Officer

Appendix 1: 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 specialty, 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 specialty-specific and standards should be set by the relevant Postgraduate Training Body according to international benchmarks

Appendix 2: Standards for the maintenance of professional competence - bodies operating professional competence schemes



Standard 1 Good Professional Practice

The body operates the professional competence scheme to achieve the outcome of good professional practice which contributes to patient safety and quality of patient care.

Standard 2 Leadership and Governance

The body effectively leads and governs the professional competence scheme to support good professional practice.

Criteria

- 2.1: The organisational structure for the body outlines clear roles, responsibilities and reporting relationships for the operation of the professional competence scheme.
- 2.2: The board of the body and the Medical Council receive regular reports regarding the operation of the professional competence scheme and compliance of enrolled registrants.
- 2.3: The body states the mission, principles and intended outcome of the professional competence scheme.
- 2.4: The body seeks maximum appropriate participation in the formulation of the statement of mission, principles and intended outcome of the professional competence scheme.
- 2.5: The body plans the professional competence scheme on an annual basis.
- 2.6: The body has structures and processes in place to engage stakeholders relevant to the operation of the professional competence scheme.

Standard 3 Learning & professional development processes

The body has effective learning and professional development processes for the professional competence scheme to support good professional practice.

Criteria

- 3.1: The body uses educational expertise to design, implement, monitor and evaluate the learning and professional development processes for the professional competence scheme.
- 3.2: The body has processes integral to the professional competence scheme which support the registered medical practitioner to meet Medical Council **Standards for the Maintenance of Professional Competence – Registered Medical Practitioners** (see Annex A).
- 3.3: The body provides or recognises content for the professional competence scheme which is diverse, evidence-based, practice-based and incorporates the domains of good professional practice; this content can be tailored by registered medical practitioners to their individual needs and reflects the needs as the population and the wider health system.
- 3.4: The body has processes integral to the professional competence scheme which support the registered medical practitioner to collaborate with peers and other health professionals in the maintenance of professional competence.
- 3.5: The body uses relevant information technology to promote effective and efficient learning and professional development processes.

Standard 4 Management processes

The body has effective management processes in place for the professional competence scheme to support good professional practice.

Criteria

- 4.1:** The body develops and implements a range of documented, authorised and current policies and procedures to support the professional competence schemes in key areas, including but not exclusive to the following:
- Enrolment, conduct and monitoring of registered medical practitioners;
 - Quality assurance of recognised or provided activities;
 - Handling of complaints and appeals of decisions
 - Information governance
- 4.2:** The body implements procedural guidance issued by the Medical Council regarding the operation of a professional competence scheme.
- 4.3:** The body ensures that relevant responsible individuals are trained to implement policies and procedures supporting the professional competence scheme.
- 4.4:** The body uses relevant information technology to promote effective and efficient management processes.
- 4.5:** The body demonstrably uses the budget for the professional competence scheme efficiently and effectively and reviews use against stated plans to achieve the mission and intended outcome.

Standard 5 Monitoring, evaluation and improvement

The body monitors, evaluates and improves the professional competence scheme to support good professional practice.

Criteria

- 5.1:** The body uses quantitative and qualitative information from a range of sources to monitor the professional competence scheme and to evaluate the effective achievement of stated mission and intended outcome.
- 5.2:** The body implements actions to improve the professional competence scheme in response to monitoring and evaluation; significant change is implemented in agreement with the Medical Council.

Annex A: Standards for the maintenance of professional competence - registered medical practitioners and framework for maintenance of professional competence activity



Standard 1
Good Professional Practice

The registered medical practitioner 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 registered medical practitioner 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 registered medical practitioner 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 registered medical practitioner 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 registered medical practitioner collects and documents evidence to demonstrate the maintenance of professional competence.

Framework for Maintenance of Professional Competence Activity⁶

Type of credit	Examples	Target
<p>External <i>(Maintenance of Knowledge and Skills)</i></p> <p>Events/activities accredited by Training Bodies that meet educational standards (in person or virtually)</p>	<ul style="list-style-type: none"> National/International meetings MSc, MD, PhD in related fields* 	20 credits minimum per year
<p>Internal <i>(Practice Evaluation & Development)</i></p> <p>Activities that develop and improve the quality of clinical practice</p>	<ul style="list-style-type: none"> Clinical clubs Morbidity and Mortality Meetings Clinical Risk Meetings Case Review/Handover Grand Rounds Multi-disciplinary meetings <p><i>Practitioners will be expected to present an aspect of their practice during one of the above activities within the five year cycle.</i></p>	20 credits minimum per year
Personal Learning***	<ul style="list-style-type: none"> Journals Journal clubs E-Learning 	5 credits minimum
Research or Teaching	<ul style="list-style-type: none"> Accredited Postgraduate Trainer Lectures Tutorials Examiner for exams Publishing articles Poster presentation Development of National Standards/Evidence-based guidelines Laboratory bench training NCHD teaching sessions SpR teaching sessions Departmental visits 	2 credits per year desirable
<p>Clinical Audit</p> <p>Audit activities should be focused on the practice of the practitioner and not on the processes.</p>	Measurement of compliance with guidelines/protocols	Minimum 1 audit per year. Recommended that practitioners spend 1 hour per month on audit activity

⁶ This framework will be adapted and developed by each body recognised by Medical Council for the operation of a professional competence scheme to be applicable to enrolled registrants.

*** *Medically related advanced degrees***

Masters, PhD programmes sponsored by University, College, Institute or accredited Training Body.

The number of credits is to be agreed in advance. This element requires that a national framework is agreed.

***** *Personal Learning***

Personal learning is recognised as an important element of CPD, however, this type of learning is generally unverifiable.

Appendix 4: List of Recognised Postgraduate Training Bodies

The College of Anaesthetists of Ireland

The College of Psychiatry of Ireland

Irish College of General Practitioners

Irish College of Ophthalmologists

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 Committee on Higher Medical Training, RCPI

Royal College of Surgeons in Ireland (RCSI)