What to expect during a performance assessment

Guidelines for doctors
The Medical Council has prepared these guidelines in line with its powers under Section 12(1) of the Medical Practitioners Act 2007 (the Act). The guidelines aim to provide doctors who are participating in a performance assessment with information to enhance their understanding of the process and to facilitate their engagement with the assessment procedures. For ease of reading, the term “doctor” is used with the same meaning as “registered medical practitioner” in the Medical Practitioners Act 2007.

President’s foreword

The principal purpose of the Medical Council is to protect the public by promoting and better ensuring high standards of professional conduct and professional education, training and competence among doctors. One of the methods that the Council uses to promote and better ensure high standards of professional competence is to undertake performance assessments of doctors about whom concerns have been raised.

The Medical Council conducts these assessments where it needs to satisfy itself that a doctor is meeting standards (whether in knowledge and skill or the application of knowledge and skills or both) that can reasonably be expected of doctors practising in that medical discipline.

These guidelines have been developed to provide doctors who are participating in a performance assessment with detailed information to enhance their understanding of the process and to facilitate their engagement with the assessment procedures. Performance assessments are confidential and are focused on supporting good professional practice. The doctor participating can expect to be treated in a fair, objective, transparent and respectful manner. Assessments are conducted in line with best international practice and are supported by an independent panel of trained assessors.

The Medical Council is aware that a doctor may view performance assessment as a worrying or even a threatening prospect. The doctor participating will be kept informed throughout the process and will have an opportunity to present their views. Be assured that an assessment is not a disciplinary process and is designed to provide the doctor and the Medical Council with findings and recommendations that are objective, balanced and focussed on improving practice. The process will above all be centred on ensuring the safety of patients. In the event that some deficiencies in a doctor’s practice are identified, the Medical Council will support and work with the doctor to facilitate their return to good professional practice.
President’s foreword

Trust in the doctor’s competence is a vital component of the patient-doctor relationship and performance procedures and activities are additional tools utilised by the Medical Council to safeguard that trust. The public and doctors can therefore be reassured that, by ensuring that we have robust systems in place to monitor the competence of doctors, the safety of patients is further enhanced.

Professor Kieran C Murphy
President
January 2012

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The Medical Council regulates the practice of medicine in the Republic of Ireland. Its statutory role, as outlined in the Medical Practitioners Act 2007 ("the Act"), is to protect the public by promoting and better ensuring high standards of professional conduct and professional education, training and competence among registered medical practitioners.
Key responsibilities of the Medical Council include:

- Maintaining the register of doctors (doctors must be registered with the Medical Council in order to work in the Republic of Ireland);
- Ensuring high standards of medical education and training;
- Specifying standards of practice for doctors, including the areas of professional competence and ethics;
- Providing guidance to doctors on compliance with standards of practice;
- Promote good medical practice;
- Investigating complaints made about doctors and, where necessary, take further action using health and disciplinary procedures.

Further information about the Medical Council is available at www.medicalcouncil.ie.

1.2 The Medical Council’s performance procedures and activities

The Medical Council responds to concerns about doctor’s practice which it receives in the form of complaints. To date, it has responded to these concerns using its health and disciplinary procedures.

Arising from commencement of Part 11 of the Act, the Medical Council can now respond to concerns using new procedures and activities. The Act refers to these as a “professional competence scheme” and referrals can be made at different stages in the Medical Council’s response to concerns about a doctor. To avoid confusion with the professional competence schemes which the Medical Council has established under arrangement with recognised postgraduate training bodies, it refers to these new arrangements as “performance procedures and activities”. The Medical Council’s performance procedures and activities are not a part of the professional competence schemes operated by recognised postgraduate training bodies.

What is the purpose of the performance procedures and activities?

The performance procedures and activities handle referrals which are made in the course of responding to concerns about doctor’s practice under Parts 7, 8 and 9 of the Act. The Medical Council has established these procedures and activities to satisfy itself that the doctor is keeping his or her knowledge and skills and application of knowledge and skill to a standard that can reasonably be expected given the kind of medicine that he or she practises. In this way, the Medical Council protects the public and supports good professional practice.

This generally comprises an assessment of the doctor’s knowledge and skills, or application of knowledge and skills, or both. Arising from that assessment, the doctor will address any improvements necessary so as to satisfy the Medical Council that knowledge and skill, and its application, is being maintained to a reasonable standard.
Some key features are as follows:

• The Medical Council operates the procedures and activities to protect the public and to support good professional practice;

• The procedures and activities are not an investigation of the matters complained of which led to the referral, they are not conducted in an adversarial manner and are not a disciplinary hearing;

• The assessment provides an independent view on the performance of the doctor, within the wider context of their practice;

• Assessors are trained, impartial and capable of judging what is reasonable to expect of the doctor being assessed given the kind of medicine practised;

• Both satisfactory practice and any areas of concern are identified;

• Factors that may be contributing to these concerns are also identified;

• Recommendations are made to help the doctor address any improvements necessary so as to ensure his or her knowledge and skill, and its application, is being maintained to a reasonable standard;

• Where action is required, this is overseen by the Medical Council;

• Information relating to the procedures and activities is confidential.

The assessment of the doctor’s knowledge and skills seeks information from a number of sources and uses a range of established assessment methods. The methods and instruments which are used by specially trained assessors throughout these procedures and activities have been benchmarked to international practice in the field of assessment of doctor’s performance; these methods and instruments have been tailored to local context. In some cases, the Medical Council may liaise with any expert it is has established to provide advice and support in relation to the conduct of assessment.

In general, referrals follow a standard process, which includes some or all of the following procedures and activities:

• gathering and review of background information from the doctor and his or her workplace;

• an occupational health assessment;

• a survey of feedback from colleagues and patients;

• an assessment visit which includes:
  • an initial interview with the doctor;
  • a review of the context of practice;
  • clinical records review;
  • direct observation of practice;
  • a case based assessment;
  • a final interview with the doctor.

This evidence is gathered under headings, known as performance descriptors (see Appendix 7.1), which relate to the Medical Council’s Domains of Good Professional Practice (see Appendix 7.2) and to its Guide to Professional Conduct and Ethics for Registered Medical Practitioners (see www.medicalcouncil.ie).

In some cases, the Medical Council may make adjustments to the procedures and activities to take account of particular circumstances while maintaining the overall purpose.

The Medical Council recognises that a doctor will find the procedures and activities challenging. Doctors who are referred will be provided with notice in relation to the various steps in the procedures, and will be provided with a copy of the report for comment. A support person may accompany the doctor for some elements of the scheme; however that person cannot be a participant in the procedures and activities because they relate to the doctor who is participating.
What is the legal basis to the scheme?

Doctors have a duty to maintain professional competence pursuant to a professional competence scheme and to cooperate with requirements set out by the Medical Council in the form of rules. This is a legal duty arising from Part 11 of the Act.

The Medical Council has powers to establish professional competence schemes. The purpose of these schemes is to satisfy the Medical Council that doctors are maintaining professional competence. This specific function for the Medical Council is set out in Part 11 of the Act, and relates to its object and functions under Section 6 and Section 7 of the Act. To operate this function, the Medical Council has already established a number of professional competence schemes under arrangements with recognised postgraduate training bodies, the purpose of which are to support doctors in the maintenance of professional competence. The relevant rules are contained in S.I. No. 171 of 2011, MEDICAL COUNCIL — RULES FOR THE MAINTENANCE OF PROFESSIONAL COMPETENCE (No. 1). These schemes are applicable to all doctors registered with the Medical Council.

In addition to these arrangements, the Medical Council has established a professional competence scheme to handle referrals which arise from Medical Council functions under Parts 7, 8 and 9 of the Act. In these circumstances, the Medical Council can pursue procedures and activities under this scheme to satisfy itself that the doctor is maintaining professional competence. It is this scheme, and the related procedures and activities, which are discussed in this guidance document. For convenience and to avoid confusion with professional competence schemes operated by the Medical Council under arrangements with recognised postgraduate training bodies, the Medical Council sometimes refers to the scheme to handle referrals that arise from its functions under Parts 7, 8 and 9 of the Act as “performance procedures” or “performance assessment scheme”.

The procedures and activities which follow such a referral are set out in FURTHER RULES FOR THE MAINTENANCE OF PROFESSIONAL COMPETENCE (see appendix7.3). These rules were made by the Medical Council under Section 11 of the Act, and under Section 94 of the Act, doctors have a duty to cooperate with requirements set by the Medical Council through rules.

1.3. The Medical Council’s Professional Competence Committee

The Medical Council’s Professional Competence Committee performs the Council’s duties under Part 11 of the Act. It is provided with executive support by the Medical Council’s Professional Competence Section.

1.4. The purpose of this document

This document is guidance prepared by the Medical Council for doctors to indicate the manner in which it will perform functions relating to the scheme for handling referrals under Section 61, 67 or 71 of the Act. It is prepared pursuant to the Medical Council’s power under Section 12 of the Act.
Referral to the Medical Council’s performance procedures and activities

How is a referral made?

Complaints about doctors are made to the Medical Council’s Preliminary Proceedings Committee. The Medical Council has produced further information for doctors who have been the subject of a complaint, which sets out the grounds on which a complaint may be made and how it is handled.

A referral to the Medical Council’s performance procedures and activities may arise at three points in the handling of a complaint:

1. Preliminary Proceedings Committee: following consideration of a complaint concerning a doctor by the Preliminary Proceedings Committee and provision of its opinion, the Medical Council may make a referral under Section 61 of the Act.

2. Fitness to Practise Committee: some complaints are referred for further action by the Preliminary Proceedings Committee or the Medical Council to the Fitness to Practise Committee, which may conduct a hearing. Under Section 67 of the Act, the Fitness to Practise Committee may request the doctor who is the subject of the hearing to undertake to be referred.

3. Council: following a hearing into a complaint, the Fitness to Practise Committee presents a report to the Medical Council of its findings in relation to allegations. Where the Fitness to Practise Committee finds that any allegation against the doctor is proved, then the Medical Council may impose a sanction on the doctor. Under Section 71 of the Act, the Medical Council may attach conditions to the doctor’s registration and referral may be such a condition.

The Act refers to these referrals as referral to a “professional competence scheme”. The Medical Council handles these referrals using performance procedures and activities, which it operates in line with its functions under Section 91 of the Act. The purpose is to satisfy the Medical Council that a referred doctor is keeping his or her knowledge and skills and application of knowledge and skill to a standard that can reasonably be expected given the kind of medicine that he or she practises. The procedures and activities which follow such a referral are set out in FURTHER RULES FOR THE MAINTENANCE OF PROFESSIONAL COMPETENCE (see appendix 7.3). Following such a referral, it is the duty of a doctor to cooperate with the procedures and activities set out in these rules.

2.2. What happens after referral?

Following referral, the doctor will be contacted by the Medical Council. Background information on the procedures, including this guide, is provided. Throughout the various procedures and activities, the Medical Council will endeavour to communicate with the doctor so he or she understands what is required and what will happen next. The Medical Council will also endeavour to ensure that the procedures run in a smooth and timely manner, and the doctor is expected to cooperate in a manner which will support this end.

2.3. What happens if the doctor fails, ceases or refuses to cooperate?

A referral to the Medical Council’s performance procedures and activities are not an investigation of the matters complained of which led to the referral and is not a disciplinary hearing. The approach taken is to support good professional practice, with each procedure and activity contributing to an understanding of the doctor’s professional practice and presenting a way forward where any concerns have been identified. While participation in
the procedures will be appropriately challenging, the doctor is encouraged to participate in a manner which maintains the approach of supporting good professional practice.

Doctors have a duty to maintain professional competence and to cooperate with requirements set by the Medical Council in this regard by way of rules. This arises from Section 94 of the Act and the Medical Council’s Guide to Professional Conduct and Ethics for Registered Medical Practitioners (see paragraph 44). Any doctor referred to the Medical Council’s scheme arising from its functions under Parts 7, 8 and 9 of the Act should cooperate with the procedures and activities set out in FURTHER RULES FOR THE MAINTENANCE OF PROFESSIONAL COMPETENCE (see appendix 7.3) including the pursuit of action arising from the assessment.

A doctor who fails, ceases or refuses to cooperate with procedures and activities established by the Medical Council to satisfy itself that professional competence is being maintained is in breach of Section 94 of the Act; the doctor is also in breach of the Medical Council’s Guide to Professional Conduct and Ethics for Registered Medical Practitioners. The Medical Council may, under Section 91 or Section 57 of the Act, initiate complaint proceedings against the doctor with a view to disciplinary action.

While the approach taken is to support good professional practice, the Medical Council may also initiate complaint proceedings against the doctor if, in the course of the procedures and activities, it is considered that the doctor may pose an immediate risk of harm to the public or may have committed a serious breach of its guidance on ethical standards and behaviour.

In general, before the assessment visit, background information is gathered, an occupational health assessment is conducted and a survey of feedback from colleagues and patients is completed.

### 3.1. Gathering background information

Background information is collected from the doctor and his or her workplace to understand the scope and content of practice. The doctor is provided with a form to collect information across a number of areas including education and training, maintenance of professional competence, current health and current work. In addition to providing the information requested, the doctor is also given an opportunity to make any comments and to include supporting documents, such as information about the concerns which gave rise to the referral, activity and benchmarking data, performance indicators and clinical audit.

Complementary information is collected from the doctor’s workplace(s), and the doctor provides an acceptable nominee to the Medical Council for this purpose. That nominee assists the Medical Council and the doctor in the performance of the functions related to the scheme. This assistance is in line with the duty of employers to facilitate a doctor’s participation in the Medical Council’s scheme under Section 93 of the Act.

The collection of background information is important because it is used to help plan the assessment visit so that it is most useful. This is confidential information relating to the doctor’s engagement in the performance procedures and activities. Under Section 95 of the Act, such information is carefully safeguarded by persons involved in or assisting the procedures.

### 3.2. Occupational health assessment

An occupational health assessment will usually be conducted to look at whether there are
any personal, physical or mental health problems which may be influencing the doctor’s performance. The Medical Council will contact the doctor in relation to the undertaking of this assessment, which may involve the completion of a questionnaire before an appointment is scheduled with an occupational health assessor. It is advisable for the doctor to be registered with a GP so that he or she has access to appropriate support in the event that any health concerns are identified or suspected during the occupational health assessment.

Occupational health assessors conducting this element of the procedures are all specialists in occupational medicine and have been selected for this role by the Medical Council with advice and support from the Faculty of Occupational Medicine. In advance of the occupational health assessment and to inform that element of the procedures, the assessor is provided with background information which the Medical Council has received from the doctor and his or her workplace.

The assessment itself explores the doctor’s physical and mental health through interview and examination, and uses some standard health screening instruments and tests.

Following the assessment, the occupational health assessor will produce a report for the Medical Council. The report will also be sent to the doctor. This is confidential information relating to the doctor’s engagement in the procedures. Under Section 95 of the Act, such information is carefully safeguarded by persons involved in or assisting the procedures.

Where indicated, further tests or specialist health assessment referral may be proposed arising from the occupational health assessment. This may sometimes mean that the other activities planned as part of the procedures are re-arranged or put on hold and the doctor may be referred to the Medical Council’s Health Committee.

If significant concerns are raised about the doctor’s health during the course of the assessment, in the performance of its functions under the Act relating to the procedures and activities, the Medical Council may share this information with the doctor and his or her workplace.

3.3. Survey of feedback from colleagues and patients

A survey of feedback from the doctor’s colleagues and patients will usually be conducted using a questionnaire to obtain, collate and analyse their views on the doctor’s performance. This is handled insofar as possible in a discrete and sensitive manner to maintain confidentiality.

The doctor’s workplace nominee and/or the doctor will be asked to distribute patient feedback questionnaire forms to the doctor’s patients. The Medical Council will supply the necessary documents, including information on how the forms should be distributed, collected, collated and returned. The process to collect this feedback begins as soon as the relevant documents have been received. The Medical Council will be provided with regular updates on progress and alerted to any difficulties experienced while gathering responses.

The doctor and his or her workplace nominee will nominate colleagues of the doctor to complete an online feedback questionnaire form. The doctor will also complete a complementary questionnaire.

The survey results will be incorporated into the final assessment report and will be shared with the doctor. It is important that the feedback is provided as quickly as possible, as it is helpful to have the results available prior to the assessment visit.

Similar to information collected from other procedures and activities, this feedback is confidential information relating to the doctor’s engagement in the performance procedures and activities. Under Section 95 of the Act, such information is carefully safeguarded by persons involved in or assisting the procedures.
As the procedures and activities described above progress, the Medical Council will begin to plan and arrange the assessment visit.

The assessment aims to observe the doctor working in a way that is as close to his or her normal working practice as possible. The assessment visit enables the assessors to observe the doctor in the usual work environment, with (wherever possible) familiar colleagues, staff and equipment. Sometimes this will not be possible, for example, in cases where a doctor providing locum cover is being assessed who does not have a fixed place of work, or in cases where the doctor is suspended/excluded or has had restrictions placed on their practice. If there are practical issues of this kind, the Medical Council may make adjustments and will keep the doctor informed.

4.1. Planning the assessment visit

Before the assessment visit is undertaken, the Medical Council will carry out preparatory work to ensure insofar as possible that the visit runs smoothly and is timely. This work will be handled by the Professional Competence Section staff, who will engage with the doctor and a nominee from his or her workplace(s) and may include:

- understanding the doctor’s work, work-based routines and the workplace itself;
- making arrangements to ensure that the assessors observe an appropriate range of the doctor’s work;
- making arrangements to ensure that clinical records are available for the assessors to review; and
- arranging facilities for holding a confidential interview with the doctor.

The doctor provides a nominee to the Medical Council for this purpose. That nominee assists the Medical Council and the doctor in relation to the procedures; it is the duty of employers to facilitate a doctor’s participation in the Medical Council’s scheme under Section 93 of the Act. The nominated person will carefully safeguard information relating to the scheme. That nominee may be asked to:

- assist in drawing together the timetable for the clinical assessment visit;
- ensure that the assessment team has all the information that they need;
- ensure that a member of staff is available to show the team around the workplace;
- check that the doctor knows when and where they should be during the assessment visit; and
- ensure that appropriate rooms and any other facilities are available.

4.2. Appointment of an assessment team

An assessment team will be appointed by the Medical Council to conduct the assessment visit. The Professional Competence Section staff provides support to the assessment team. The assessment team usually comprises two medical assessors and one non-medical assessor. All assessors are trained by the Medical Council for this purpose of contributing to the procedures and activities. Doctors who conduct assessments are selected with advice and support from postgraduate training bodies. The Medical Council will endeavour, insofar as possible, to select a team with a blend of doctors who can assess standards that
are reasonable to expect of doctors practising medicine of the kind practised by the doctor being assessed. It will also endeavour to ensure that there is no significant conflict of interest between the assessment team and the doctor being assessed.

For some assessments, the Medical Council may identify additional doctors to support the assessment team with aspects of the assessment relating to the clinical care provided by the doctor. Such additional doctors will be trained by the Medical Council. In some cases, the Medical Council may liaise with other jurisdictions to identify such additional doctors who have experience in assessing doctors’ performance.

4.3. The days of the assessment visit itself

The assessment visit usually lasts three days, depending on the circumstances of the case. The assessment itself is usually carried out by two medical assessors and one non-medical assessor, who make up the assessment team. A member of the Professional Competence Section is also present to support the assessment team and the smooth running of the assessment visit.

By way of guidance to doctors, the assessment visit will usually include the following activities:

- **Review of the context of practice**
  
  A review of the context of practice (including a site visit to one or more places where the doctor works) is conducted to understand how it enables the application of knowledge and skill by the doctor. During the site visit the assessors will review the systems and processes in place to support good clinical care. They may ask to see local policies, guidelines, standard operating procedures and protocols.

- **Clinical records review**

  This part of the assessment involves a review of patient records (usually assessors will review approximately 30 records, but this figure can vary depending on the specialty and nature of the doctor's work). These records are normally drawn from a larger group of records, against a specification which is representative of the doctor's practice based on information provided before the visit. Patient records are only reviewed by assessors who are doctors. The records are handled respectfully and confidentially. Access to the records is enabled by FURTHER RULES FOR THE MAINTENANCE OF PROFESSIONAL COMPETENCE (see appendix 7.3).

- **Direct observation of practice**

  The doctor will be observed wherever possible undertaking usual, day-to-day clinical work, for example an outpatient clinic, GP surgery, ward round or undertaking procedures (usually assessors will seek to observe 10-14 interactions with patients, but this figure can vary depending on the specialty and nature of the doctor’s work).

- **Case based assessment**

  The assessors explore the doctor’s reasoning and decision-making about cases arising from the clinical record review and the direct observation of practice. This part of the assessment is expected to last for two hours and will usually involve 12 of the doctor’s own cases. The doctor is provided with information on the cases selected in advance of this element of the assessment visit.

- **Interview with the doctor**

  The final interview, which normally lasts 45 minutes, allows the assessors to clarify any further points with the doctor. This could relate to any area of the doctor’s work, for example, their approach to maintaining competence. The doctor is also given the opportunity to comment on the assessment process, and may have a companion in attendance for support.

In the case of some assessments, the Medical Council may liaise with any expert advisors in the field of assessing doctors’ performance with which it has established a relationship to assist it in its functions relating to the procedures and activities. The liaison may include observation of the activities and procedures and may also include sharing information in relation to the assessment. In the case of any liaison, the confidentiality of the information will be safeguarded and maintained.
The Medical Council recognises that it may not be possible to conduct some or all of the activities of the assessment visit. In some cases, so as to satisfy itself that professional competence is being maintained, the Medical Council may request that the doctor participate in additional activities, including tests of competence.

4.4. **Identification of serious concerns during the assessment visit**

In general, no feedback is given to the doctor on the assessment during or immediately after the visit. However, the doctor will be provided with a copy of the report arising from the assessment.

If serious concerns are raised during the assessment visit that could affect patient safety, the Medical Council and/or its assessors may need to take action. This may include taking immediate steps to share information with other relevant parties. The doctor would also be informed of any steps taken in response to serious concerns.

The assessment team drafts a report based on information gathered during the assessment visit and incorporates information gathered before the assessment visit. The report sets out evidence which has been collected in relation to the doctor’s knowledge and skills or application of knowledge and skills or both. It also sets out judgements made by the assessment team, based on this evidence, as to whether or not the doctor is meeting standards that can reasonably be expected for a doctor practising medicine of the type practised by the doctor participating in the assessment. Finally, to support the doctor to maintain professional competence, the report will propose recommendations, based on findings and conclusions, for improvement of the doctor’s knowledge and skills or application of knowledge and skills or both.

A draft report is issued to the doctor, who is given the opportunity to inform the Medical Council of factual inaccuracies in the draft report, such as incorrect names, personal details and/or dates. Factual inaccuracies will be considered before issuing the final report. The doctor may be asked for evidence to support proposed amendments before these are made.

The doctor will also have the opportunity to comment on the findings, conclusions and
recommendations contained in the draft report. Comments will be appended to the final report and brought to the Medical Council’s Professional Competence Committee for its consideration in conjunction with the final report.

The doctor will be asked to propose actions to address any recommendation(s) in the report using a form provided by the Medical Council. The doctor may seek advice and support from a colleague and/or a postgraduate training body in the development of proposed actions. These actions will be agreed with the Medical Council’s Professional Competence Committee, which may amend the proposed actions or add new actions that are required to satisfy the Medical Council that the doctor is maintaining professional competence.

The Professional Competence Committee may interview the doctor to inform its consideration of the report and actions proposed.

Once the report and proposed actions have been finalised, the doctor will continue to participate in the scheme until the proposed actions have been implemented and the Medical Council is satisfied that he or she is maintaining competence. This may involve the doctor providing documentation to the Medical Council, being interviewed by the Medical Council or nominated person(s), or participating in some or all of the activities that comprise an assessment visit.

Further Information

The Medical Council’s Professional Competence Section will liaise with the doctor during the procedures and activities. The doctor will be provided with relevant information in respect of the various procedures and activities.
### 7.1. Performance Assessment Descriptors

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*These performance descriptors were confirmed by the Medical Council Professional Competence Committee for use in Medical Council Performance Assessments.

### 7.2. 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 Post-Graduate Training Body according to international benchmarks.

7.3. Further rules for the Maintenance of Professional Competence

These further rules are made by the Medical Council per Section 11 of the Medical Practitioners Act 2007 (as amended) ("the Act") for the better operation of Part 11 of the Medical Practitioners Act 2007.

1. In circumstances where:
   a. A complaint is referred to a professional competence scheme per Section 61 of the Act,
   b. A practitioner undertakes to be referred to a professional competence scheme per Section 67(1)(b) of the Act,
   c. The Medical Council attaches, per Section 71(c), a condition to the retention of a practitioner’s name on the register that he/she be referred to a professional competence scheme,

   the procedures and activities applicable to that scheme established for the purposes of the Medical Council performing its duty under section 91(1) of the Act shall be those set out in these rules.

2. An assessment of the practitioner’s knowledge and skill or application of knowledge and skill or both will be conducted by the Medical Council’s Professional Competence Committee or by persons appointed by the Medical Council using activities specified by the Professional Competence Committee. Categories or ranges of activities which fall within the professional competence scheme may include some or all of the following:
   a) Review of information provided by the practitioner and/or a nominee at the practitioner's workplace(s) acceptable to the Professional Competence Committee in forms specified by the Professional Competence Committee;
   b) Occupational health assessment of the practitioner;
   c) Survey of multisource feedback about the practitioner in a form specified by the Professional Competence Committee;
   d) Interview of the practitioner including answering questions about his or her knowledge and skill or application of knowledge and skill or both;
3. Where the medical records of a patient of the practitioner are required to be produced for the purpose of the activities conducted under Rule 2, the practitioner or any other person who has power over or control of the records shall make the records available. Any such records made available and other confidential information provided to the Professional Competence Committee or persons appointed by the Medical Council in the context of the procedures and activities applicable to this scheme shall attract the confidentiality referred to in section 95 of the Act.

4. A report based on activities conducted under Rule 2 shall be provided to the practitioner for comment. Based on the report, the practitioner will propose, in a form specified by the Professional Competence Committee, an action plan to be implemented by him or her so as to improve his or her knowledge and skill or application of knowledge or skill or both. In the development of that action plan, the practitioner may be assisted by a body or bodies recognized under S91(4) of the Act.

5. The Professional Competence Committee will consider the report and any written submissions made by the practitioner. Based on this consideration, the Professional Competence Committee will confirm and/or amend the action plan to be implemented by him or her so as to improve his or her knowledge and skill or application of knowledge or skill or both. The Professional Competence Committee will monitor the implementation of the action plan by the practitioner, which may include repeating some or all of the activities specified in Rule 2. In its consideration of submissions made by the practitioner and in its monitoring of the implementation of the action plan by the practitioner, the Medical Council may be assisted by a body or bodies recognized under S91(4) of the Act. In implementation of the action plan by the practitioner, he or she may be assisted by a body or bodies recognized under S91(4) of the Act.

6. Practitioners undergoing the procedures and activities under these rules shall discharge such fees and expenses as may be determined by the Medical Council, from time to time.

7. The Medical Council may at any stage make a complaint to the Preliminary Proceedings Committee about the practitioner if it considers that any of the events referred to in Section 91(6) or 91(7) has occurred.