Guidance for doctors
What to expect during a performance assessment
WHAT TO EXPECT DURING A PERFORMANCE ASSESSMENT
GUIDELINES FOR DOCTORS

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This guidance document is designed to explain what a doctor can expect during the Medical Council’s performance assessment process. It aims to provide you with an understanding of how performance assessments work, and to ensure that there are no surprises for you throughout the assessment process.

Performance assessment is a proportionate, regulatory intervention for doctors. Its purpose is to provide an independent assessment of the performance of a doctor within the wider context of their practice and it seeks to identify areas of development for the doctor.

If, after reading this document, you have further questions about what to expect, please contact the Professional Competence staff at pccasemanagement@mcirl.ie; they will be happy to answer any questions you have. You may also wish to view the Council’s website which has further information about professional competence and performance assessment.

What is a referral to a Professional Competence Scheme for Performance Assessment?

Registered doctors have a duty to maintain their professional competence and the Medical Council has a duty to satisfy itself that registered doctors are doing so. The Medical Council has established procedures and activities to assist it in performing this duty. These procedures include the Performance Assessment process which, while referred to as a professional competence scheme, is separate from the schemes established with the postgraduate training bodies.

The Performance Assessment procedures and activities assist the Medical Council in determining whether a registered medical professional has, and applies, the knowledge and skill 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 doctors to maintain good professional practice.

A doctor may be referred for performance assessment following the consideration of a complaint made to the Medical Council. A referral may come from a decision of the Preliminary Proceedings Committee, the Fitness to Practise Committee (as an undertaking) or from Council (as a condition of registration).

Performance assessment generally involves assessing a doctor’s knowledge and skills, or the application of knowledge and skills, or both. Arising from the assessment, the doctor will be required to address any improvements deemed necessary so as to satisfy the Medical Council that knowledge and skill, and its application, are being maintained to a reasonable standard.

Depending on the type of referral, the assessment may look at the totality of a doctor’s practice, or it may take a more focused look at specific areas of practice.

It is worth noting, the performance assessment procedures and activities are not an investigation of the matters complained of which led to the referral, this process is intended to be a non-punitive, developmental process for the doctor.
1.1. **Performance Assessment Case Officer**

When a referral is received by the Professional Competence Department a Performance Assessment Case Officer is assigned to the case. The Case Officer will be the doctor's main point of contact and will inform the doctor of the next steps in the process and what activities the doctor is expected to complete.

The Case Officer is there to facilitate the performance assessment but also to support the doctor. It is important for the doctor to keep the Case Officer informed of any significant changes or updates in their working or personal life that may impact his or her wellbeing during the process.

1.2. **Registration and Continuing Practicing Committee**

The Registration and Continuing Practice Committee (RCPC) of the Medical Council oversees cases referred for Performance Assessment. It specifies the activities to be completed for each case, monitors the case through the various stages and determines whether and when the performance assessment process can end.

1.3. **What happens after a referral is made?**

Following referral for Performance Assessment and appointment of a Case Officer, the RCPC will consider the case and direct which activities are appropriate to the referral. The Case Officer contacts the doctor to inform them of the next steps. At any stage during the process, the RCPC may decide to direct additional activities.
1.4. Performance Assessment Process

The purpose of the assessment is to provide an independent view on the performance of the doctor, within the wider context of their practice.

The assessment of the doctor’s knowledge and skills, and their application, considers information from a number of sources and uses a range of established assessment methods, provided for in the relevant legislation. The assessment may include some or all of the following activities:

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;

Background information is collected from the doctor and their workplace to understand the scope and context 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.

b) Occupational health assessment of the practitioner;

An occupational health assessment is an activity that may be conducted to look at whether there are any health related issues which may affect the doctor’s performance. Staff from 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 this element of the procedures, the occupational health assessor is provided with background information relating to the referral to Performance Assessment.

The assessment explores the doctor’s health status 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 with the performance assessment procedures.

Where indicated, further tests or specialist health assessment referrals 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 while the identified health concerns are addressed.
c) **Survey of multsource feedback about the practitioner in a form specified by the Professional Competence Committee**¹;

A survey of feedback from the doctor’s colleagues and/or patients may be conducted. This is done using a standard questionnaire to obtain, collate and analyse views on the doctor’s performance, and is handled, insofar as possible, in a discreet and sensitive manner to maintain confidentiality.

The peer feedback process requires the doctor to complete a self-assessment questionnaire. Following this, the doctor and a nominee within their workplace will nominate colleagues of the doctor to complete an online feedback questionnaire.

In relation to patient feedback, the doctor’s workplace nominee and/or the doctor will be asked to distribute feedback questionnaires to a number of the doctor’s patients. The Medical Council will supply the necessary documents, including information on how the forms should be distributed, collated and returned.

The survey results will be incorporated into a report and this will be shared with the doctor.

**d) Interview of the practitioner including answering questions about his or her knowledge and skill or application of knowledge and skill or both;**

This activity can be carried out by the assessment team, as part of a site visit, or by way of a written interview where the doctor is asked to address a specific issue(s) in writing.

**e) Interview of any relevant third parties as specified by the Professional Competence Committee or by persons appointed by the Medical Council**²;

This activity enables the Case Officer and assessment team to liaise with any relevant third parties who can provide information relevant to the performance assessment.

**f) Inspection of the workplace(s) where the practitioner practises medicine;**

A review of the context of practice (including a site visit to one or more places where the doctor works) may be conducted to understand how the workplace facilitates or inhibits 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.

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¹, ². Please note the Professional Competence Committee functions are now incorporated by the RCPC.
g) **Review of the practitioner’s clinical records, a sample of which will be specified by the Professional Competence Committee or by persons appointed by the Medical Council for the purpose of this activity;**

This activity involves assessing the standard of the doctor’s patient records. The number of records reviewed 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.

h) **Direct observation of the practitioner practising medicine;**

The doctor may be observed undertaking their usual day-to-day clinical work, for example an outpatient clinic, GP surgery, ward round or undertaking procedures. Where this activity is undertaken, assessors will generally observe at least 8 interactions, depending on the specialty and nature of the doctor’s work).

i) **An assessment by interview based on cases arising from clinical record review and direct observation, a sample of which will be specified by the Professional Competence Committee or by persons appointed by the Medical Council for the purpose of this activity;**

The assessors may explore the doctor’s reasoning and decision-making using cases arising from the clinical record review and the direct observation of practice. The doctor will be provided with records relevant to cases being referred to during the course of the interview.

j) **An examination of knowledge and skill as specified by the Professional Competence Committee or by persons appointed by the Medical Council which may include, but not be limited to, the Pre-Registration Examination System.**

In some cases, so as to satisfy itself that professional competence is being maintained, the doctor may be requested to participate in an examination of knowledge and skill.

1.5. **Assessment Team**

Where specific activities are directed e.g. activities (d), (f), (g), (h), (i), a team of assessors will be brought together in order to undertake them. Each assessment team will usually be comprised of two medical assessors and one non-medical assessor. Assessors are trained, impartial and capable of judging what is reasonable to expect of the doctor being assessed given the kind of medicine practised. The Medical Council endeavours to ensure that there is no significant conflict of interest between the assessment team and the doctor being assessed. Assessors undertake to maintain confidentiality in relation to information obtained as part of the performance assessment process.

For some assessments, an additional doctor may be identified to support the assessment team with aspects of the assessment relating to the clinical care provided by the doctor undergoing performance assessment. It may be necessary to liaise with other jurisdictions to identify such additional doctors who have experience in assessing doctors’ performance.
Site Visit

Depending on the activities to be undertaken as part of a performance assessment a site visit may take place. A site visit is when a Case Officer and a team of assessors attend the doctor’s place of work to carry out selected activities. The duration of the site visit depends mainly on the number and type of activities to be undertaken. On average, a site visit would take place over two days. All of this information is communicated with the doctor in advance and a suitable time is agreed.

The doctor may have a companion in attendance during certain elements of the performance assessment. The companion cannot be a participant in the procedures and activities but can be present to support the doctor who is participating.

A performance assessment site visit may cover patient management, practice systems, record-keeping, prescribing, audit and direct observation of the doctor’s patient consultations. The team uses carefully developed, standardised techniques based on accepted methods for assessing clinical performance.

While the aim is for the process to be carried out within a reasonable timeframe, a performance assessment does take time because all activities must be conducted as per our standard procedures to ensure that the process is both robust and fair. Finding assessors who are available and who have qualifications, skill and experience relevant to the specific assessment can sometimes cause delay.

2.1 Explanation of ratings used in performance assessment

The assessors will apply a rating of A, B, C or CG in relation to some of the activities that are undertaken during a performance assessment, as well as noting examples of both good practice and areas for development, if any.
A = adequate; B = borderline, some cause of concern; C = Cause for concern identified, follow up needed; CG if the prescribing is contra to guidelines.

2.2 Issues of concern arising during an assessment

‘Serious concerns’ in the context of performance assessment are those which relate to a doctor’s performance, health or conduct and which pose an immediate or potential risk of harm to the public. Such concerns may require immediate action by the Medical Council and/or the workplace. The management of a serious concern depends on the nature of the concern and it will result in the generation of a Serious Concerns Report which is communicated to the RCPC, the doctor who is undergoing assessment and may also issue to the workplace where relevant.

If, during the course of an assessment, an issue arises which is of concern, but which can be rectified easily and is not at the level of ‘serious concern’, this will be brought to the doctor’s attention to ensure that the concern is addressed promptly.
Report

Following the assessment activities, a Draft Performance Assessment Report is issued to the doctor who is given the opportunity to inform the Medical Council of factual inaccuracies, such as incorrect names, personal details and/or dates. Factual inaccuracies will be considered before issuing the final Performance Assessment Report. Depending on the type of amendments requested, supporting documentation may be required.

Where areas for development are identified these will be included in the Report as recommendations. The doctor will have the opportunity to comment on the recommendations and any comments received from the doctor will be brought to the RCPC for consideration in conjunction with the final Report.

3.1 Action Planning

The recommendations outlined in the Performance Assessment Report provide a framework for the development of an action plan. As part of the action planning process, the doctor selects a Clinical Mentor whose role is to will support the implementation of the action plan.

The doctor can also seek guidance from their Postgraduate Training Body and their professional indemnifier who may be able to direct the doctor to education courses or other supports that will help the doctor achieve their objectives. The activities undertaken as part of this process can also be recorded as CPD credits.

The RCPC will consider the action plan and may amend or add actions in order to satisfy the Medical Council that the doctor is maintaining professional competence.
Wellbeing of the Doctor undergoing performance assessment

The Medical Council realises that the performance assessment process can be a stressful time for doctors and we understand it can be seen by some doctors as a punitive measure. We urge the doctor to try and view it as a developmental opportunity, at the end of which, the doctor may receive some helpful advice on how to improve their practice.

The Council encourages doctors being assessed to seek support e.g. from trusted colleagues, friends and family members. Anecdotal evidence from doctors who have undergone the process suggests that their stress is somewhat alleviated when they avail of such supports. The appointed case officer can listen to and try to allay any concerns, but is required to keep a certain professional distance due to the nature of their role.

4.1 List of Supports available

Some doctors may prefer to seek support from an impartial source, rather than discussing the matter with colleagues; please see the list of resources below:

**Medical Council’s Health Sub-Committee**
- The Sub-Committee offers support and advice to medical practitioners referred through third parties or self-referrals.

**Health Service Executive**
- Workplace Health and Wellbeing Unit

**The Practitioner Health Matters Programme**

**Royal College of Physicians of Ireland**
- Physician Wellbeing Programme

**Irish College of General Practitioners**
- Health in Practice Programme

**Royal College of Surgeons in Ireland**
- Positive Health Programme
Confidentiality and Legal Basis

All information collected in connection with the various performance assessment activities is deemed confidential. Under Section 95 of the Medical Practitioners Act, such information is carefully safeguarded by persons involved in or assisting the procedures.

In relation to the record review, patient records are only reviewed by assessors who are doctors. The records are handled respectfully and confidentially. Access to the records is enabled by Statutory Instrument No. 741/2011 - Medical Council - Rules for the Maintenance of Professional Competence (No. 2).

5.1 What is the legal basis to our processes

Doctors have a duty to maintain professional competence and to co-operate 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 procedures and activities relating to performance assessment are set out in Statutory Instrument No. 741/2011 - Medical Council - Rules for the Maintenance of Professional Competence (No. 2). 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.

Doctors should also be aware of the principles of professional practice that doctors registered with the Medical Council are expected to follow, these are set out in the Guide to Professional Conduct and Ethics.
Appendices

Appendix 1: Eight Domains of Good Professional Practice.

The Eight Domains were defined by the Medical Council to describe a framework of competencies applicable to all doctors across the continuum of professional practice. The domains describe the outcomes which doctors should strive to achieve and doctors should refer to these domains throughout the process of maintaining competence.

1. Patient Safety and Quality of Patient Care
2. Relating to Patients
3. Communication and Interpersonal Skills
4. Collaboration and Teamwork
5. Management (including Self-Management)
6. Scholarship
7. Professionalism
8. Clinical Skills
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.

RULES PURSUANT TO THE PROVISIONS OF SECTION 11 AND PART 11 OF THE MEDICAL PRACTITIONERS ACT 2007

Rules made by the Medical Council on 14th December 2011 under Section 11 of the Medical Practitioners Act 2007

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;
   e) Interview of any relevant third parties as specified by the Professional Competence Committee or by persons appointed by the Medical Council;
   f) Inspection of the workplace(s) where the practitioner practises medicine;
   g) Review of the practitioner’s clinical records, a sample of which will be specified by the Professional Competence Committee or by persons appointed by the Medical Council for the purpose of this activity;
   h) Direct observation of the practitioner practising medicine;
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i) An assessment by interview based on cases arising from clinical record review and direct observation, a sample of which will be specified by the Professional Competence Committee or by persons appointed by the Medical Council for the purpose of this activity;

j) An examination of knowledge and skill as specified by the Professional Competence Committee or by persons appointed by the Medical Council which may include, but not be limited to, the Pre-Registration Examination System.

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 section 91(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 section 91(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 section 91(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.