Comhairle na nDochtúirí Leighis
Medical Council

What to expect during a Performance Assessment

Guidance for doctors
2025

Contents

Introduction

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

If, after reading this document, you have further questions about the process, please contact the Performance Assessment team at pccasemanagement@mcirl.ie. You may also wish to view the Medical Council's website which has further information about performance assessment.

1.1 Legal requirements/ Legal basis for our process

Doctors have a legal duty under part 11 of the Medical Practitioners Act 2007 (**"the Act"**) to maintain their professional competence and to co-operate with requirements set out by the Medical Council in the form of rules. All doctors must enrol in a professional competence scheme operated by their post-graduate training body (**"PGTB"**) and meet annual requirements for continuous professional development (**"CPD"**).

Performance Assessment (**"PA"**) is also referred to as a professional competence scheme, however, it is separate to the schemes operated by the PGTB's. PA is operated by the Medical Council and referral to the scheme is one of several potential outcomes of a complaint. The procedures and activities relating to PA are set out in Statutory Instrument No. 741/2011 - Medical Council - Rules for the Maintenance of Professional Competence (No. 2).

You 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 for Registered Medical Practitioners 2024 (9th edition)*, and include the eight domains of good professional practice outlined in Appendix 1.

1.2 Confidentiality

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

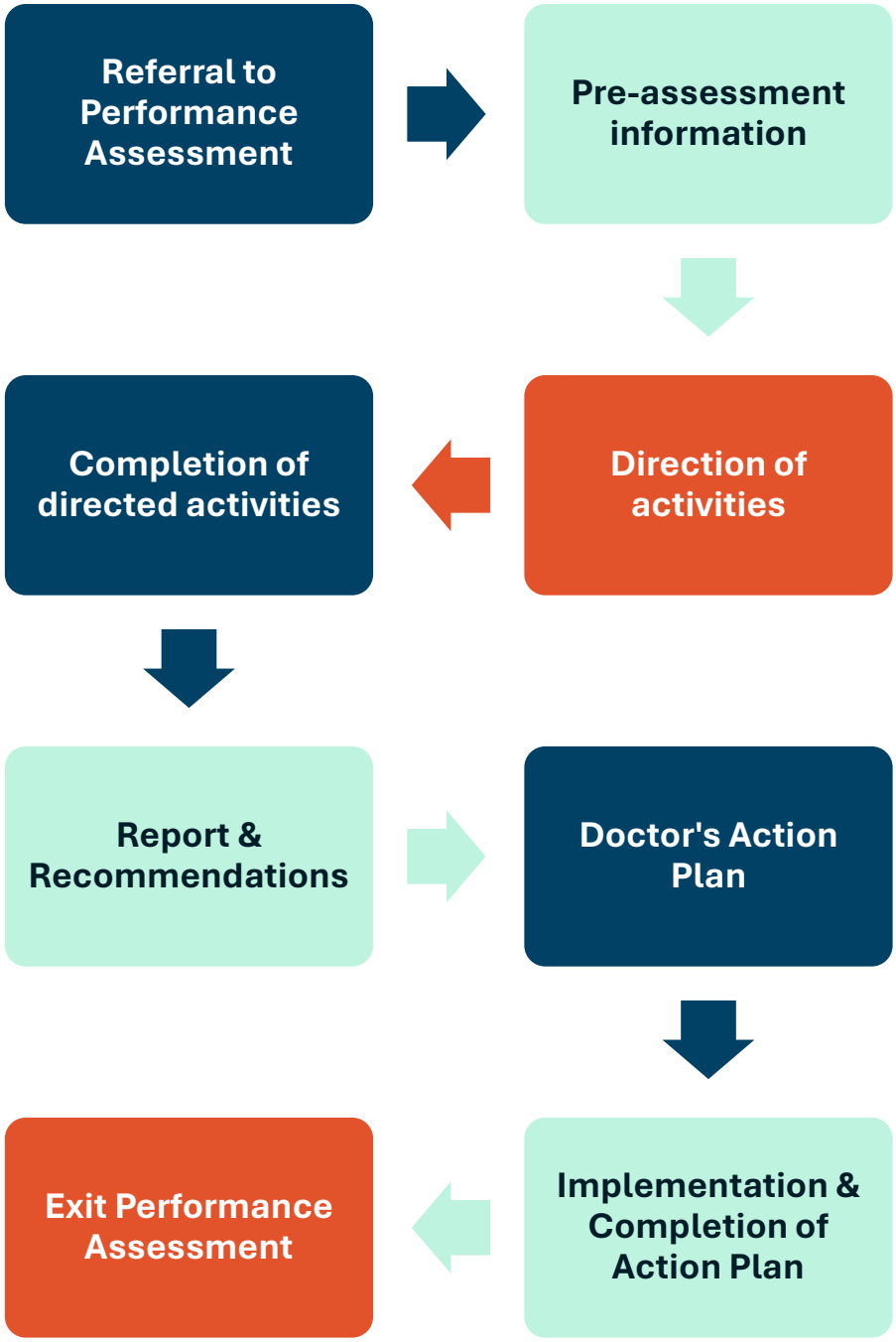
The Performance Assessment process

Performance assessment is designed to be a proportionate, regulatory intervention for doctors. Its purpose is to provide an independent assessment of the practitioner's knowledge and skill, or application of knowledge and skill, or both within the wider context of their practice. It seeks to identify areas for development and recommend actions to address them.

A performance assessment assists the Medical Council in determining whether you have and apply, the knowledge and skill that can reasonably be expected of a doctor given the kind of medicine being practiced. Arising from the assessment, you will be required to address any areas for development deemed necessary to satisfy the Medical Council that you are maintaining and applying their knowledge and skill to a reasonable standard.

The assessment may look at the totality of your practice, or it may take a more focused look at specific areas of practice. Depending on the activities directed, it may be necessary to notify an employer and/or an appropriate person in authority in your workplace. You will be notified in advance should we need to inform your workplace.
It is worth noting, performance assessment procedures and activities are not an investigation of the complaint which led to the referral and are intended to be a non-punitive, developmental process.

Typical Performance Assessment process



2.1 Performance Assessment Case Officer

When a referral is made to Performance Assessment, a Performance Assessment Case Officer ("PACO") is assigned to the case. The PACO will be your main point of contact and will inform you of the next steps in the process.

The Case Officer/ PACO's role is to facilitate the performance assessment and to guide you through the process. It is important that you keep the Case Officer informed of any issues impacting on your ability to engage with performance assessment.

2.2 Registration and Continuing Practice Committee

The Registration and Continuing Practice Committee ("the RCPC") of the Medical Council considers each case referred to Performance Assessment, directs assessment activities, monitors case progression, and determines when the process can conclude. Communications such as emails, call-logs, etc. addressed to you and received from you are made available to the RCPC.

2.3 What happens after a referral is made?

Following referral to Performance Assessment, the PACO will request information from you on your current practice, the RCPC will consider the case and direct which activities are appropriate to the referral. The Case Officer will contact you to inform you of the next steps. At any stage during the process, the RCPC may decide to direct additional activities.

2.4 Activities that may be directed

Performance Assessment considers information from a number of sources and uses a range of established assessment methods, provided for in the relevant legislation (Statutory Instrument No. 741/2011).

The assessment may include some or all the following activities:

(a)	**Review of pre-assessment information provided by the practitioner;** You will be asked to complete a standard form providing details of your medical education and training, your career history, your current practice, and your continuing professional development.
(b)	**Occupational health assessment;** If this activity is directed, you will be requested to attend an occupational health physician for an assessment. The purpose of this is to assist in determining whether you have any health-related issues that may be affecting your work or that might impact on your performance assessment.
(c)	**Survey of multisource feedback about the practitioner;** This may involve requesting a selection of your patients or your peers (colleagues) or both to provide feedback about you. This is usually conducted online, although paper-based surveys are also possible. The survey results will be incorporated into a report, and this will be shared with you.
(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 is carried out by performance assessors, and can take place in-person, as part of a site visit, remotely or by way of a written interview where you are 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[1];** 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. We will notify you before we make contact with any third party.
(f)	**Inspection of the workplace(s) where the practitioner practices medicine;** An inspection of the workplace (including a site visit to one or more places where you work) may be conducted to understand how the workplace facilitates or inhibits the application of knowledge and skill by you. During the site visit, the assessors may 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.
(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;** If this activity is directed, you will be requested to make a selection of patient records available for review by the medical assessors. Record review may take place in your workplace or may be conducted remotely. You will be required to ensure that unnecessary patient identifiers are removed/ redacted from the records before they are made available to the assessment team.

[1] Please note the Professional Competence Committee functions are now incorporated by the RCPC.

	This is to ensure that patient confidentiality and data protection requirements are met. 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).
(h)	**Direct observation of the practitioner practising medicine;** If this activity is directed, the assessors will arrange to observe you undertaking your usual practice in your workplace. In order to get a good overview, a minimum of eight to ten patient consultations is usually required, and this is commonly done over a full day.
(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 ask pre-determined questions about the reviewed records and/ or the observed consultations in order to explore your clinical reasoning. You will be informed in advance of the records and/ or consultations that are being focused on.
(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. You may be required to undertake a bespoke or standard examination as determined by the Committee and/ or the assessors.

2.5 Assessment Team

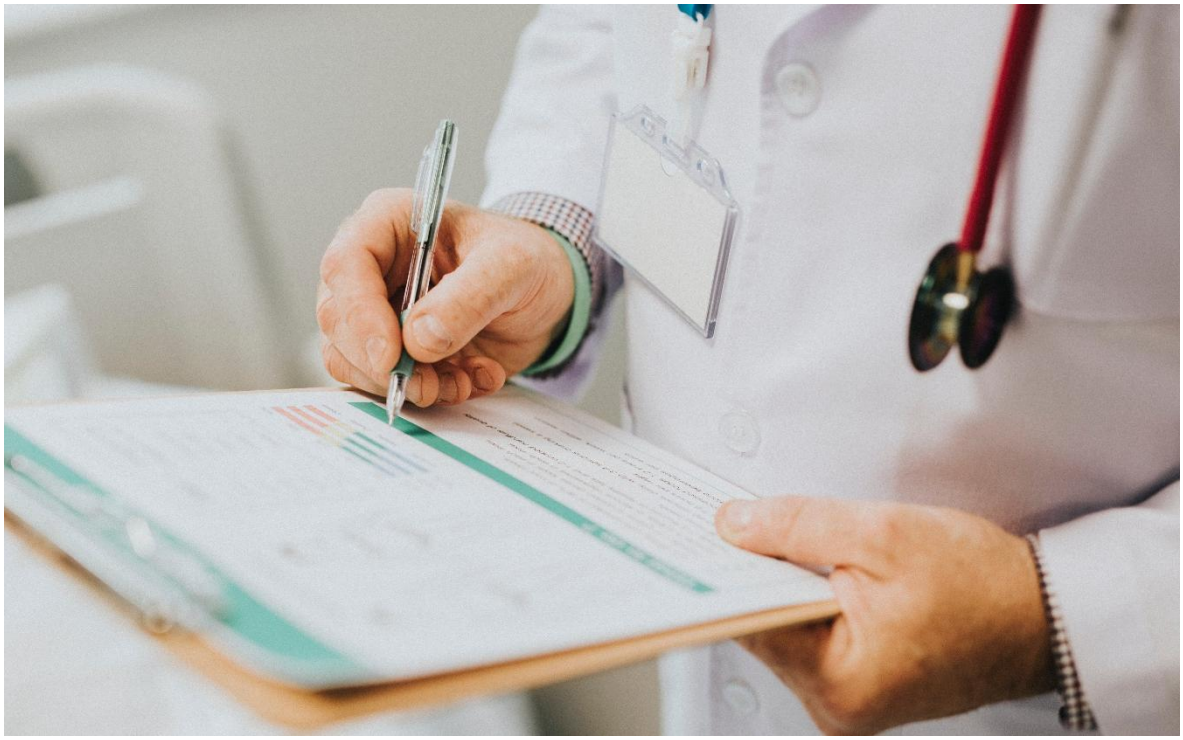
Where specific activities are directed e.g., activities (d), (e), (f), (g), (h), (i), a team of assessors will be brought together in order to undertake them. Each assessment team will usually be comprised of two medical assessors and one non-medical assessor. Assessors are trained and suitably qualified to determine if you are meeting the standard that can reasonably be expected of a practitioner practising the same kind of medicine. The Medical Council endeavours to ensure that there is no significant conflict of interest between the assessors and you. Assessors undertake to maintain confidentiality in relation to information obtained as part of the performance assessment process.

2.6 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 your 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 one or two days. If a site-visit is required, the Case Officer will work with you and with the assessors to schedule and undertake the assessment. The Case Officer will usually conduct a preliminary visit ('logistics visit') to the workplace to meet with you, to run through the requirements for the visit and to assist with any queries that you might have.

If the assessment activities require a site visit you should consider in advance whether any notifications are required e.g., your employer or practice principal. We would also encourage you to consider who in your workplace should be informed of the planned visit of the team from the Medical Council and to ensure that such notification is done. You can discuss this in advance with your Case Officer.

Third parties will not be informed that the site visit is for a Performance Assessment unless absolutely required and you will be notified in advance. Typically, it is only the Workplace Coordinator and the employer/ manager who are notified that the purpose of the assessment is as part of a Performance Assessment. The purpose of the site visit will be explained to any third parties as being part of a professional development process.



Should you wish, you 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 you.

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

2.7 Timeframe for performance assessment

We aim to conduct the assessment within a reasonable timeframe; however, it will vary depending on:

i. The number and nature of the activities directed, and
ii. The identification of suitable assessors and their availability, which can take time due to the nature of medical practice and other commitments of assessors.
iii. Your co-operation and engagement with the process will also assist in concluding the process within a reasonable timeframe e.g., providing the required information within stated timeframes and meeting deadlines.

2.8 Explanation of ratings used in performance assessment

Taking into account the eight domains of good professional practise (See Appendix 1), 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, noting examples of both good practice and areas for development, if any.

A	• Adequate
B	• Borderline, some cause for concern
C	• Cause for concern identified
CG	• Contra to guidelines

2.9 Performance Assessment Report

A report, based on your performance assessment activities, is drafted by the assessment team. Where areas for development are identified these will be included as recommendations and will include a timeframe for implementation.

The report will issue initially in draft form, and you will have the opportunity to identify any factual inaccuracies and/ or submit comments. The report is then finalised.

2.10 Action Plan

When the final report issues, you may be requested to develop and submit an action plan (identifying objectives) to demonstrate how and when you will address the recommendations in the report.

You can seek guidance and support from your Postgraduate Training Body to assist you in meeting your objectives e.g., assisting you in drafting a development plan, identifying training or other supports. The activities undertaken as part of action planning can contribute to your CPD credits.

The final report, including your action plan, will be brought to the RCPC for consideration. The RCPC will consider your action plan and may amend or add actions that it considers necessary.

You will be required to submit regular updates to the RCPC via your case officer to show that you are meeting your objectives. When your action plan has been implemented and completed to the satisfaction of the RCPC, it will confirm that your performance assessment has ended.

2.11 Examples

Example Recommendations & Objectives

Recommendation 1	The team requests that: The author of clinical notes be identifiable in each entry to avoid confusion. Generic names should be avoided. Every person making an entry to a record should be identifiable.
Priority rating	Priority 1: to be completed in 1-3 months from confirmation of the Action Plan.
Objective(s) identified to meet the recommendation	Ensure every person making an entry is always identifiable. Carry out an audit on the same topic.
How will you progress the objective(s)	Meet the staff and discuss the importance of the correct use of the assigned username, avoiding generic names. Everyone should be identifiable at all times. Prepare the audit.
What resources/supports will you require/avail of?	Audit toolkit, ICGP.
What evidence will you submit to demonstrate you have met the objective(s)	The results of audit when signed off.

Example Recommendations & Objectives

Recommendation 2	The team requests that Dr XX: Complete the Irish College of General Practitioners (ICGP) course 'Better Safer Prescribing" and forward the certificate to the Medical Council. Undertake an audit of prescribing included (but not limited to) benzodiazepines.
Priority rating	Priority 3: to be completed in 1-12 months from confirmation of the Action Plan.
Objective(s) identified to meet the recommendation	Enrol in the course of better safer prescribing. Carry out an audit on prescribing
How will you progress the objective(s)	Once the plan is approved, start preparing the audit as well as the completion of the abovementioned course.
What resources/supports will you require/avail of?	Audit toolkit, ICGP.
What evidence will you submit to demonstrate you have met the objective(s)	Certificate of completion. Audit on prescribing.

2.12 Issues of concern that may arise during an assessment

In the event that the Case Officer or the assessment team identify something that requires them to take immediate action or is an immediate risk to patient safety, including:

- Serious concerns - in the context of PA, serious concerns 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 will be reported to the Medical Council immediately who will decide on the appropriate action.

- Red Flags - issues that require immediate remediation but are not at the level of 'serious concern' – a Red Flag/s will be brought to your attention, and you will be required to address it as soon as possible.

- Issues that are unrelated to the original complaint and that the assessors believe may be serious enough to warrant a separate complaint will be reported to the RCPC who will decide whether to progress with a complaint.

Wellbeing of the Doctor undergoing a performance assessment

The Medical Council understands that the performance assessment process can be a stressful time for you. We urge you to try and view it as a developmental opportunity, at the end of which, you may receive some helpful recommendations on how to improve your practice.

The Council encourages you to seek support from your treating practitioners, trusted colleagues, friends, family members and your indemnifier. 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.

The Medical Council also offers CAREhub - an independent, confidential, wellbeing support service provided by Lyra Health International. CAREhub services are available 24 hours a day, 7 days a week, every day of the year and are free to access:

- Ireland free 24/7 helpline: 1800 851115
- Out-of country 24/7 helpline: +353 818 370 051
- **Email:** ukroicustomercare@lyrahealth.com
- **Online platform:** https://lyrahealthinternational.com/

Other supports available include**:**
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

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.

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.

Appendix 2: Statutory Instrument No. 741/2011 - Medical Council - Rules for the Maintenance of Professional Competence (No. 2).

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;
    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.

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