PROFESSIONAL COMPETENCE FAQs

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GENERAL

What are Professional Competence Schemes?

Professional Competence Schemes are the formal structures provided for under Part 11 of the MPA 2007 to ensure that all doctors registered and working in Ireland maintain their education, knowledge and skills (competence) at an acceptable level. A Professional Competence Scheme is recognised by the Medical Council for the purpose of maintaining professional competence.

While the term "Professional Competence Schemes" is new, many of the activities that the schemes will involve are already in existence for example; the activities accredited in the voluntary CME programmes.

Who do Professional Competence Schemes apply to?

Professional Competence Schemes, once in full operation, will apply to all registered medical practitioners whose names are entered in the General and Specialist Divisions of the Register. Trainees, including interns, registered on the Trainee Specialist Division will not be required to be enrolled on a Professional Competence Scheme. .

What is involved in Professional Competence Schemes?

Professional Competence Schemes are designed to promote self directed and practice-based learning activities rather than supervised training. As well as promoting personal professional development the Schemes aim to promote activities that maintain and develop the competencies e.g. professionalism, knowledge skills and attitudes of the individual practitioner, which are essential for meeting the changing needs of patients and the healthcare delivery system. The Schemes will also encourage participants to plan, record and reflect on professional development needs, as part of their pursuit for lifelong learning.

The Schemes will consist of two elements initially:-

Continuing Professional Development (CPD)
Clinical Audit

Multi-Source Feedback may be added to the Schemes at a later stage in accordance with IMC guidelines.

What kind of activities will be accredited for CPD?

Educational activities that are recognised by Postgraduate Training Bodies will generate CPD credits.

These will include regional and national scientific meetings, conferences and workshops. Credits from international conferences organised by equivalent bodies in other countries are also accepted. (External)

Credits will also accrue for activities based in place of practice including multidisciplinary meetings, grand rounds and case conferences. (Internal)

Personal learning, postgraduate teaching, postgraduate examining, research, analysis of learning needs and planning professional development can also generate credits.

Credits are also awarded for online courses if there is a formal assessment process.

Activities should be relevant to the individual practice of the RMP and reflect the domains of practice but it will be possible to accrue credits from a diverse range of professional activity. Postgraduate Training Bodies are responsible for attributing CPD credits to various professional activities.

The Training Bodies can assist the practitioner in accessing applicable activities for PCS and it will also be possible to access support in order to assess learning needs.

When will it be mandatory to participate in a Professional Competence Scheme?

Minister for Health & Children, Ms Mary Harney T.D., signed an order bringing Part 11 of the Medical Practitioners Act, 2007 – *Maintenance of Professional Competence* - into effect from Saturday 1st May 2010.

This means that all registered medical practitioners will have a legal duty to demonstrate that they are maintaining their professional competence. In practice this means that practitioners on the Specialist and General Divisions of the Register must enrol with an accredited Professional Competence Scheme and begin a process of recording their engagement in Professional Competence activities such as Continuing Professional Development (CPD) and Clinical Audit. Practitioners must enrol onto a Scheme from 1st May 2011.

How protected/confidential will the data collected through professional competence process be? Will this information be legally privileged? Will it be subject to FOI requests or requests for legal disclosure, either through the PGTB or through the Medical Council?

The data collected through Professional Competence Schemes will be used for the purpose of carrying out any reasonable activity for the efficient administration, monitoring and audit of the Professional Competence Scheme. Confidentiality will be preserved and the data will only be disclosed to a third party to meet statutory obligations. The Freedom of Information Acts 1997 and 2003 will not apply to a record relating to any professional competence scheme.

What are employers obliged to do?

Part 11 of the Medical Practitioners Act 2007 places a duty on the HSE and other employers to facilitate the maintenance of professional competence.

The IMC has prepared a booklet outlining the responsibilities of employers in this arena.

ENROLMENT

There are some differences between the specific operational information in this document and the IMC Guidelines Handbook. This document refers to the initiation phase of the PC Schemes and the Professional Bodies will work to achieve the aspirations in the IMC Handbook as the Schemes become embedded in professional life.

I am on the Specialist Division. How do I enrol with a Professional Competence Scheme?

You should contact your Postgraduate Training Body to begin the process of enrolment with a Professional Competence Scheme.

If you are not aligned with a Postgraduate Training Body (PGTB), please contact directly the PGTB which you feel is most appropriate to the Specialist Division in which you are registered.

Some doctors no longer practice in the area of initial specialisation e.g. on Specialist Division in General Practice but now working in Voluntary Sector (ICHMT General Division PCS best applies). But at present, there is no mechanism to change IMC registration from Specialist to General Division and mostly practitioner prefers to remain on Specialist Division. These doctors should enrol in their Specialist Division PCS and your training body will facilitate maintenance of credits referable to your present scope of practice.

I am on the General Division - where do I enrol for PCS?

If you are registered on the General Division of the Register you should contact your Postgraduate Training Body to begin the process of enrolling in a Professional Competence Scheme.

If you are not aligned with a Postgraduate Training Body (PGTB), please contact directly the PGTB which you feel is most appropriate to your area of practice to begin the process of enrolling in a Professional Competence Scheme.

A doctor on the General Division who is not aligned to a PGTB should not be concerned that they will be unable to enrol in a professional competence scheme. The range of schemes established by PGTBs under arrangement with the Medical Council mean that there are schemes that are accessible to all doctors.

If I don't enrol within 12 months what will happen?

According to the MPA 2007, practitioners have a legal duty to enrol with a professional competence scheme from May 2011. There are provisions within the act for complaints to be made in relation to failures to observe this duty.

Professional competence schemes are established on 1st of May 2011. If you delay in contacting a PGTB then you may need to catch up accrual of credits to meet annual requirements.

Do I need to tell Medical Council that I have enrolled with a training body?

No. However, on an annual basis, when renewing your Medical Council registration you will be asked to declare in good faith that you are enrolled in a professional competence scheme and are maintaining competence in line with requirements.

I am a Consultant in 'X Specialty' and have been for many years. I am not registered on the Specialist Division. Can I enrol with the 'X Specialty' Scheme?

No. Only practitioners on the Specialist Division can register with the Specialty Division Professional Competence Scheme for that specialty. In this case, the doctor will be on the general division of the register and should contact the appropriate Postgraduate Medical Training Body.

Please note you may be eligible for the Specialist Division and should consider applying to the Medical Council for assessment. Please contact the Medical Council for further detail on this process.

In the meantime, all doctors must be enrolled on a Professional Competence Scheme therefore you must contact the Postgraduate Training Body to begin the process of enrolling in a General Division Professional Competence Scheme.

I am on the General Division and not a member of a particular PGTB and don't particularly want to join – can I enrol on the PGTB PCS?

Practitioners who are not Members or Fellows of a particular PGTB can align themselves with the body appropriate to their medical specialty for the express purpose of enrolling in a Professional Competence Scheme. You should contact directly the PGTB which you feel is most appropriate to your area of practice for further information.

I am not aligned to any PGTB. How can I get aligned with one?

If you are not aligned with a Postgraduate Training Body (PGTB), please contact directly the PGTB which you feel is most appropriate to your area of practice.

What if my specialty is not recognised by any of the PGTBs? What if none of the PGTBs want to accept me?

If you are not aligned to any PGTB, you should contact the Training Body which is most relevant to your area of practice. You need not necessarily be a Member or Fellow of a Training Body to participate in its Professional Competence Scheme. It is possible for doctors in non standard practice to enrol in the RCPI ICHMT General Division PCS for the purpose of Professional Competence.

MAINTAINING COMPLIANCE

What happens if I don't complete the minimum of x credits in a given year, yet I reach the minimum x credits at the end of my cycle?

In an average year, a doctor will accrue 50 CPD credits and complete one clinical audit minimum. A doctor who does not achieve this minimum target should increase activity in the following year to make up deficit from the preceding year. If a doctor does not meet the minimum target in two consecutive years, then a PGTB verification process is triggered. The doctor should increase activity to make up the deficit from the preceding two years. The PGTB can assist the RMP to achieve this.

At what frequency will RMPs have to make returns to the PGTB – Annually/Quarterly?

Systems will be available for easy, regular input of this information to a PCS and online systems are under development. You are encouraged to keep your information as up-to-date as possible with the PGTB. At the end of each twelve month period starting May 2012, the PGTB will issue you a Statement of Participation in a Professional Competence Scheme which will indicate the activity which you have recorded and highlight any variance from minimum targets. The Statement will be available from May 1st each year. It is anticipated that participants will forward final information regarding credits soon after this date to ensure Statement accuracy.

From 2012 you will need to be in a position to declare in good faith to the Medical Council that you are enrolled in a professional competence scheme and are maintaining competence in line with requirements

What happens if I do not submit my CPD returns?

You are encouraged to keep your information as up-to-date as possible with the PGTB. At the end of each twelve month period starting May 2012, the PGTB will issue you a Statement of Participation in a Professional Competence Scheme which will indicate the activity which you have recorded and highlight any variance from minimum targets. If you have engaged in activity and not recorded it with the PGTB then you may find your Statement of Participation indicates that you are at variance from targets. In an average year, a doctor will accrue 50 CPD credits and complete one clinical audit minimum. A doctor who does not manage to achieve this minimum target will increase activity in the following year to make up deficit from the preceding year. If a doctor does not manage to meet the minimum target in two consecutive years, then a PGTB verification process is triggered. The doctor will increase activity to make up the deficit from the preceding two years.

I chair or participate in a lot of committees. How can I claim these hours?

These may be claimed at an equivalent level under Personal Learning. However a medical practitioner's PCS activity must be balanced and mirror his/her clinical practice and activity and reflect his/her scope of practice across all domains of practice. It is mandatory for Medical Practitioners to maintain competence in all the areas of practice and medicine in which they engage including involvement on an occasional or infrequent basis.

A medical practitioner does not comply unless their PCS activity incorporates the full range of professional activity.

I review the practice of others. Can I submit these hours?

These may be claimed at an equivalent level under Research and Teaching, however a medical practitioner's PCS activity must be balanced and mirror his/her clinical practice and activity and reflect his/her scope of practice across all domains of practice. It is mandatory for Medical Practitioners to maintain competence in all the areas of practice and medicine in which they engage including involvement on an occasional or infrequent basis.

A medical practitioner does not comply unless their PCS activity incorporates the full range of professional activity.

Can I claim preparation time for teaching, presenting and published articles?

Yes – credits for these activities for postgraduates can be claimed under the Research and Teaching category (5 Credits may be claimed for presentation or publication).

What is the sanction process for non compliance?

In the rare situation where a doctor fails, refuses or ceases to cooperate with requirements to maintain competence, then the doctor will be the subject of follow-up action by the Medical Council, which may include disciplinary action through Fitness to Practice Inquiry

If a doctor is enrolled on two divisions of the specialist register e.g. general practice and occupational health medicine, will they be required to complete the requirements of two professional competence schemes? Can they submit the same evidence for both?

A doctor will enrol on one PCS.

The doctor will enrol in the PCS appropriate to more than 50% of their patient based clinical activity. While some of the credits will be applicable to all PCS, specialty specific competencies will have to be fulfilled and a medical practitioner's PCS activity must be balanced and mirror his/her clinical practice and activity and reflect his/her scope of practice across all domains of practice. It is mandatory for Medical Practitioners to maintain competence in all the areas of practice and medicine in which they engage including involvement on an occasional or infrequent basis. Doctors will engage in activities to maintain their professional competence which are relevant to their day-to-day practice.

How long should records/evidence be kept for?

At present, Professional Competence Schemes have a 5 year cycle and therefore all records and documentary evidence must be kept for this 5 year period and for 1 further year.

In time, PC Schemes may progress to be a continuous 5 year cycle and information always available from your PCS on the previous 5 years and documentation to be retained for the previous 6 years.

If I exceed the minimum number of credits during a cycle, can the additional credits be carried over to my next cycle?

No – at present excess credits earned during one 5 year cycle cannot be carried over to the next cycle.

Verification Audit process – how will this actually work?

There are 2 Audit processes for the PCS.

Medical Council Audit – the Medical Council will undertake an annual audit of random sample of participants.

PGTB Verification Audit Process - each PGTB will undertake an annual verification of activities recorded by a doctor with the professional competence scheme. Doctors will be selected in a stratified random method (3 - 5%) to participate in the verification process.

If selected for this verification, participants will be required to produce their Personal Portfolio as evidence of their professional activities. If the verification process satisfactorily addresses the issue i.e. the credits claimed are substantiated then the RMP receives full credit for the Professional Competence Scheme.
The RMP will be informed of the discrepancies identified and will be given the opportunity to address or clarify the issues identified. Claimed credits without appropriate verification evidence will be removed from the Portfolio and an amended certificate issued.

It is expected that for the majority of RMPs the verification audit will be a routine exercise and no further action will be required.

Following satisfactory audit, a RMP will not be reaudited by the PGTB in the succeeding 2 years.

SPECIAL CIRCUMSTANCES

What if I am retired? Am I required to engage in PCS? Can I retain my name on the Register?

All retired doctors who remain registered with the Medical Council and thus retain the right to practice medicine have a legal obligation to maintain competence. Doctors retired from clinical practice who engage on behalf of Professional Bodies in mentoring, supervision of trainees, examining and other such activities that have direct impact on clinical activity should maintain their IMC registration.

If you withdraw your name from the register voluntarily, you can retain the title of "Dr" and engage in college activities that have no direct impact on clinical activity such as fundraising etc.

What will the requirements be for a retired doctor who does occasional sessions in general practice?

A doctor engaged in any form of general medical practice will have to comply fully with PCS requirements appropriate to their area of practice. All retired doctors who remain registered with the Medical Council and thus retain the right to practice medicine have a legal obligation to maintain competence.

I only work part-time. Do I still have to complete 50 hours of CPD per annum?

Yes.

I am on leave – do I still need to be enrolled in a scheme? Do I need to still collect as many credits?

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

The length of any leave of absence from the practice of medicine will have an impact on participation in a professional competence scheme. The following broad guidelines apply:
One year or less: You must notify your postgraduate training body that you intend to cease practicing medicine for a period of one year or less. The postgraduate training body may require you to produce relevant supporting documentation, including a professional development plan.

You will be advised to make up any deficit in the accrual of credits for maintenance of professional competence activities on return to practice. Where possible you should maintain some engagement in the maintenance of professional competence over the duration of the leave.
There should be a planned return to work with your Professional Body if absence related to illness that could have affected cognition or physical ability.

Between one and three years: You must notify both your postgraduate training body and the Medical Council that you intend to cease practicing medicine. The postgraduate training body may require you to produce relevant supporting documentation. On return to practice, you will be asked to provide a professional development plan, which may include provisions for a planned re-entry to practice supported by your employing body and if required with engagement with your PGTB.

Where possible you should maintain some engagement in the maintenance of professional competence over the duration of the leave.

Over three years: If you are planning to cease the practice of medicine for more than three years, you are advised to withdraw from the register voluntarily. There is a straightforward process by which you can apply to restore your name to the register at any time in the future. If voluntary withdrawal is not an option, you should contact the Professional Competence Section of the Medical Council. Decisions on matters like this are considered on a case-by-case basis. You will, however, be asked to provide a professional development plan, which may include provisions for a planned re-entry to practice supported by your employing body and if required with engagement with your PGTB.

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

What about locums? Will the same rules apply to them as for other RMPs?

Yes

If a RMP is registered on the scheme and then leaves Ireland for a period what provisions will be made for them to re-enter the scheme?

To maintain registration with IMC while abroad, Medical Practitioners will have to undertake equivalent PCS activity in the country in which they are working. The Medical Practitioner will be required to be enrolled with the professional competence scheme in the country in which they are working AND an Irish Professional Competence Scheme.

The IMC have introduced a PCS for doctors from non EU countries who will practice in Ireland for less than 30 days per annum and also for doctors who wish to remain on the Register of the IMC but who do not carry out any medical practice in Ireland. Such doctors will be required to declare maintenance of competence in the jurisdiction in which they are primarily employed. The IMC will undertake verification and audit processes for this group of doctors. Please refer to the IMC website (www.medicalcouncil.ie) for more information.

If a doctor is on the specialist register but in fully academic work can s/he fulfil the PC requirements or will s/he be required to undertake a given minimum of patient contact/clinical work?

The underlying principles are that an individual medical practitioners PCS activities should be planned and should reflect and be relevant to his or her current and future profile of professional practice and performance. It is mandatory for Medical Practitioners to maintain competence in areas of practice and medicine in which they engage in on an occasional or infrequent basis. There is PCS for medical practitioners not engaged in clinical work or patient management via the PCS of their Specialist Division or the General Division PCS of the ICHMT (RCPI).

CLINICAL AUDIT

Do I need to engage in Clinical Audit?

All Registered Medical Practitioners must be actively engaged in clinical audit and at a minimum participate in one audit exercise annually that relates directly to their practice. It is recommended that practitioners spend at a minimum one hour per month in audit activity. Supporting tools and guidance will be provided by the PGTB.

What are examples of acceptable Clinical Audit?

Clinical audit is recognized as having three elements:
1) Measurement – measuring a specific element of clinical practice
2) Comparison – comparing results with the recognised standard (in circumstances where comparison is possible)
3) Evaluation – reflecting on outcome of audit and changing practice accordingly

Examples of acceptable clinical audit include:

- Measurement of individual compliance with guidelines protocols (one per year)
- Double reading
- Simulator training (ACLS, etc)
- Skills analysis
- Department/practice audit
- Directly Observed Procedures (DOPS)
- Individual Practice review
- Evaluation of individual risk incidents/complaints
- Patient satisfaction
- Self assessment
- Peer review
- Work Site Visits (Occupational Medicine)

It is recognised that audit structures in Ireland will change over coming years and practitioners will be able to measure outcomes as determined by National Treatment Programmes currently being developed by National Directorate of Clinical Strategy and Programmes.

MEETING ACCREDITATION / COURSE APPROVAL

The PGTB's have a defined process for accrediting meetings and courses based on best international practice. Credits between PGTB's are reciprocal in circumstances where the meeting has relevance to the scope of practice of RMP. If a RMP attends a meeting that has not been accredited, credits may be awarded if relevance to scope of practice can be demonstrated.
Credits are also awarded for online courses if there is a formal assessment process.

FUNDING AND COSTS

Will there be a cost involved in enrolling with a Professional Competence Scheme?

Yes. There will be an annual fee for enrolling and recording of compliance with a Professional Competence Scheme. This process is being run at cost i.e. on a not for profit basis. Although independently derived, there is quite a degree of consistency in baseline fee between the PGTB's. The training body costs will be reviewed annually as part of the IMC accreditation process and the fee adjusted as appropriate.

There is some individualisation by the PGTB's in their approach to levying this fee to an individual RMP.

PLEASE NOTE

If concerns are expressed or identified regarding a RMP's performance, the Medical Council *Guide to Professional Conduct and Ethics for Registered Medical Practitioners* advises that medical professionals have a duty to inform the IMC of concerns of poor professional performance so individuals and patients can be protected and issues addressed promptly. The Professional Competence schemes are based on the current best international practice in this area. There is ongoing liaison between the Medical Council and the Training Bodies to minimise the need for major changes in the schemes in the near future. Changes are however to be expected in line with national and international developments that would enhance both participation and value of Professional Competence Schemes. As PCS are embedded into medical professionalism in Ireland, practitioners will be expected to plan their professional development for the forthcoming year, that the verification process includes an assessment of the suitability of claimed credits to practice and an element of reflection on learning opportunities which were undertaken.

If you require further assistance please contact the relevant Postgraduate Training Body:

Postgraduate Training Body	Email	Telephone
College of Anaesthetists of Ireland	pcs@coa.ie	01 6614412
College of Psychiatry of Ireland	pcs@irishpsychiatry.ie	01 661 8450
Faculty of Occupational Medicine, RCPI	professionalcompetence@rcpi.ie	01 863 9739
Faculty of Paediatrics, RCPI	professionalcompetence@rcpi.ie	01 863 9739
Faculty of Pathology, RCPI	professionalcompetence@rcpi.ie	01 863 9739
Faculty of Public Health Medicine, RCPI	professionalcompetence@rcpi.ie	01 863 9739
Faculty of Radiologists, RCSI	radiology@rcsi.ie	01 402 2139
Faculty of Sports and Exercise Medicine	opuirseil@rcsi.ie	01 402 2780
Institute of Obstetricians and Gynaecologists, RCPI	professionalcompetence@rcpi.ie	01 863 9739
Irish College of General Practitioners	professionalcompetence@icgp.ie	01 676 3705
Irish College of Ophthalmologists	ico@rcsi.ie	01 402 2777
Irish Committee on Higher Medical Training, RCPI	professionalcompetence@rcpi.ie	01 863 9739
Royal College of Surgeons in Ireland	pcs@rcsi.ie	01 402 2743