Maintenance of Professional Competence

Report of Progress 2011 – 2018

Comhairle na nDochtúirí Leighis
Medical Council

Through the regulation of doctors, the Medical Council enhances patient safety in Ireland. In operation since 1979, the Medical Council is an independent statutory organisation, charged with fostering and ensuring good medical practice. It ensures high standards of education, training and practice among doctors, and acts in the public interest at all times. The Medical Council's role focuses on four areas:

- maintaining the register of doctors;
- setting standards for doctors' practice;
- responding to concerns about doctors; and
- safeguarding education quality for doctors.

Through its work across these four areas, the Medical Council provides leadership to doctors in enhancing good professional practice in the interests of patient safety and high quality care.

Since May 2011, all doctors registered with the Medical Council have been legally obliged to maintain their professional competence. Maintaining professional competence means that doctors in Ireland are keeping up-to-date with their medical knowledge and have the skills to deliver quality patient care. The role of the Medical Council is to specify and review the requisite standards for the purpose of maintaining professional competence, and monitoring doctors' compliance with this requirement.

To maintain their professional competence, doctors are required to enrol in a Professional Competence Scheme (Scheme) and take part in CPD activities which are relevant to their scope of practice. These comprise of relevant activities to maintain knowledge and skills (external), evaluate and develop clinical practice (internal), and focus on personal learning and research or teaching. Doctors must also undertake one practice improvement or clinical audit activity on an annual basis.

The Medical Council works in collaboration with stakeholders to ensure that doctors are maintaining their professional competence. Postgraduate Medical Training Bodies operate Schemes that support and monitor doctors in the pursuit of professional competence activities. Public and private sector employers such as the Health Service Executive (HSE), and locum agencies have a responsibility in facilitating doctors to pursue professional development opportunities.

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Foreword

Established by the Medical Practitioners Act (2007), one of the principle functions of the Medical Council is to ensure doctors are maintaining their professional competence. The Medical Council does this by specifying and reviewing the standards required for the purpose of the maintenance of professional competence of registered doctors.

Through its work, the Medical Council's purpose is to protect the public by promoting and ensuring high standards of professional conduct and professional education, training and competence among doctors. At the heart of this is a doctor who is professionally competent. Good professional practice describes the knowledge, skills, values, and behaviours which enable medical professionals to deliver safe quality patient care. A competent doctor has a command of the continuously expanding body of medical knowledge, a proficiency in completing procedures of increasing diversity, and an ability to deliver care in a healthcare system of growing complexity. However, being a competent doctor is more than just technical competence. It involves putting patients first, communicating with care and personal attention, and being committed to lifelong learning and continuous improvement.

In a report based on research conducted by the Medical Council between 2011 and 2013, on *'Talking about Good Professional Practice: views on what it means to be a good doctor'*, approximately nine in ten people surveyed were fairly confident that their doctor was keeping his or her knowledge and skills up to date. The report also indicated that maintaining standards of medical practice was important to the vast majority of people. 95 percent of people surveyed agreed that doctors should regularly review their standard of practice and that they should be assessed to ensure they were practising medicine to a high standard. More recently, the Medical Council conducted a survey on the Perceptions of the Profession which showed that 93 percent of the public surveyed rated doctors as the most trusted profession.

The Medical Council as the regulator relies on collaboration with several partners who each have a role to play to ensure doctors maintain their competence. Thirteen Postgraduate Medical Training Bodies operate Professional Competence Schemes (Schemes) which includes the provision of up-to-date Continuing Professional Development (CPD) activities. Under the Medical Practitioners Act 2007, employers are also required to facilitate doctors' maintenance of professional competence.

It is now more than seven years since it became a legal requirement in Ireland for doctors on the Supervised, General and Specialist divisions of the Medical Council register to maintain their professional competence. While the engagement in CPD has been positive, there is room for

improvement. Opportunities to advance compliance from a ‘box ticking exercise’ to engagement in relevant and reflective based practice and learning will be the focus going forward.

This report provides an overview of the achievements to date and action taken to monitor and address maintenance of professional competence (MPC) implementation issues. In 2017, the Medical Council conducted two major projects to address compliance with and evolvement of the MPC model.

In late 2016, the Medical Council identified that a significant numbers of doctors had failed to enrol on a Scheme which they were mandatorily obliged to do. Since then, significant progress has been made to address this finding and work in this area will continue. The focus going forward will be to evolve the MPC model drawing on international experiences. Engagement in relevant quality CPD, including reflective practice should become the norm. It is important that doctors are supported by the Schemes and employers who are both best placed to facilitate lifelong learning. Where compliance issues arise, these will be addressed through a comprehensive proportionate risk-based approach adopted by the Postgraduate Medical Training Bodies and employers. Escalation for regulatory intervention will be necessary when a pattern of ongoing non-compliance is identified.

We would like to acknowledge the contribution of the Medical Council’s Registration and Continuing Practice Committee for providing oversight during the development of this report. We would also like to express our gratitude to the Medical Council Registration Directorate and the Postgraduate Medical Training Bodies who provided data which has enriched the Medical Council’s monitoring role in MPC compliance and contributed to the statistics presented in this report. Finally, we would like to take this opportunity to thank Ms Jantze Cotter and her team in the Medical Council’s Professional Competence and Research Directorate for their hard work in producing this report.

The Medical Council will continue to work with stakeholders to ensure that all registered doctors are maintaining their professional competence in line with requirements and that CPD delivered in Ireland is relevant, up-to-date and accessible to all doctors.

Dr Rita Doyle

President

Dr Anthony Breslin

Vice-President

William Prasifka

Chief Executive Officer

1. An Overview of Maintenance of Professional Competence

Since the inception of mandatory Maintenance of Professional Competence (MPC) in May 2011, much has been progressed and achieved to support doctors' compliance with the MPC requirements. Schemes were established, and operated by the Postgraduate Medical Training Bodies under arrangements with the Medical Council. The Schemes were to facilitate doctors' planning, engagement in and recording of CPD, and monitor progress which is reported to the Medical Council annually.

Overall, Postgraduate Medical Training Bodies have reported positive engagement in CPD activity through Schemes. Significant resources were invested to ensure that registered doctors understood what was required in order to maintain professional competence. Rigorous audit and verification processes were undertaken by the Medical Council and Postgraduate Medical Training Bodies respectively to monitor engagement with MPC and provide supports as identified.

However, challenges are to be expected in the early implementation of any new legal requirement. In 2016, it was identified that a significant cohort of registered doctors were not enrolled in a Scheme. It was also observed through the Medical Council's audit process, that some doctors still did not understand their requirement to maintain professional competence. Therefore the need to ensure better monitoring and managing of MPC compliance was critical as failure to meet the mandatory requirements could ultimately result in a complaint to the Council.

It was always envisaged that the MPC model would evolve to ensure it remains relevant to a doctor's current day-to-day work practice and environment. Doctors today are working in increasingly complex healthcare environments with continual advancement of technology. The provision of health care is changing. Patients are getting older, with more complex comorbidity issues. There is a reliance on overseas doctors which presents different challenges in the provision of healthcare.

In light of this a review was undertaken to advance the MPC model to reflect national and international best practice. In October 2017, the Medical Council and Forum for Postgraduate

Medical Training Bodies jointly organised a Symposium, focussing on addressing the challenges in MPC compliance and developing the MPC model. A number of key opportunities were broadly defined to be advanced by the stakeholder respective to their defined responsibilities.

The Medical Council also took steps in 2017 to increase the enrolment rate. It did this by instituting a number of incremental actions leading to the development of a more robust mechanism through which doctors' Scheme enrolment could be monitored and managed. Through its partnership with the Postgraduate Medical Training Bodies, the Medical Council has increased Scheme enrolment rates, with approximately 98 percent of doctors now enrolled in a Scheme.

This report provides an overview of the outcomes achieved thus far and the opportunities available to ensure MPC remains relevant, all the while ensuring that the systems to monitor and support doctors remain efficient and effective.

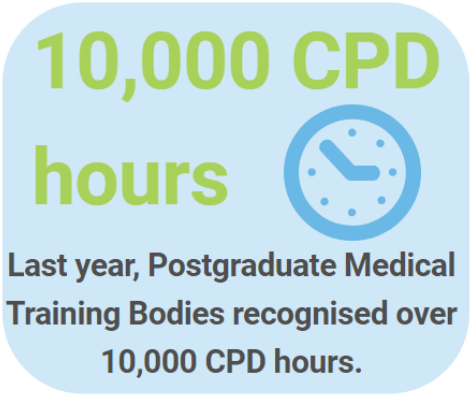
2. Evolvement of the Maintenance of Professional Competence Model

The MPC model has been in operation for over six years. Many achievements have been realised during this time. The Medical Council established Schemes which are operated by Postgraduate Medical Training Bodies. These provide systems and programmes of activities to monitor and assist doctors maintain their professional competence obligations. Schemes enable doctors to plan, record, and reflect on professional development needs, as part of their engagement in lifelong learning.

In the early implementation of the MPC a key objective was to increase awareness among doctors of their mandatory obligations and develop tools and programmes to facilitate CPD engagement. This was achieved through the use of a wide range of communication tools. The Medical Council, Postgraduate Medical Training Bodies, and HSE's National Doctors' Training and Planning Team published articles on MPC through newsletters. The Medical Council and the Postgraduate Medical Training Bodies sent correspondence to registered doctors reminding them of their MPC compliance obligations.

Ms Jantze Cotter, Medical Council at the Symposium in October 2017

A wide range of supports were also made available to doctors. Postgraduate Medical Training Bodies established help desks to provide assistance to doctors with queries regarding the Schemes. Discussion groups were established to inform doctors of the MPC, and how to best meet the requirements. Scheme resources were made available through Postgraduate Medical Training Bodies' websites including guideline documents, online tutorials, sample audits, information for doctors who are no longer in full time clinical practice, and regular updates on Scheme requirements. Through their verification processes, Postgraduate Medical Training Bodies were also able to identify doctors who are not meeting MPC requirements and provide assistance through tailored feedback. The Postgraduate Medical Training Bodies will continue to offer these planning and recording tools to facilitate doctors with their CPD.



The Postgraduate Medical Training Bodies also provide CPD recognition of activities offered by external parties relevant to the profession. Last year, Postgraduate Medical Training Bodies recognised a diverse range of CPD programmes, reflecting the eight domains of good professional practice which equated to over 10,000 CPD hours. This also included recognising doctors' attendance at relevant international conferences which are integral to MPC for many specialists.

However, internationally there is a continuous challenge to ensure that CPD does not become a tick-the-box exercise. The focus instead is on meaningful reflective learning during the continuum of a doctor's career. In order to ensure that the MPC model remains of high quality and relevant to doctors' current needs, 2017 began with an intensive period of discussion between the Postgraduate Medical Training Bodies and the Medical Council to consider how to progress the model. This culminated into the signing of a three-year extension of the Arrangements between the Postgraduate Medical Training Bodies and the Medical Council. These arrangements highlighted a commitment by all parties to review the MPC framework and ensure it embraces national and international best practice.

In October 2017, the Medical Council and Forum for Postgraduate Medical Training Bodies jointly organised a Symposium, focussing on the challenges and opportunities to support doctors with their MPC. The Symposium was well attended with participants from Postgraduate Medical Training Bodies, the HSE, indemnifiers, and the Private Hospital Association. Some of the main themes and actions stemming from the Symposium are represented in Figure 1.

Stakeholders and members of the Medical Council at the Symposium in October 2017

Participants also highlighted recommendations in addressing compliance with the MPC requirements which will be covered in Section 3 of this report.

Figure 1: Main Themes from the October 2017 Symposium regarding MPC Model Development

- Clinical practice is now more complex and varied which makes setting CPD at the correct level complex;
- Benchmark Schemes regularly against international best practice;
- Make MPC relevant by reviewing current CPD programmes to ensure they reflect doctor's scope of practice and expertise;
- Use peer and practice review tools to reflect on a doctors' performance and incorporate findings to develop CPD initiatives;
- Encourage all doctors to develop a Professional Development Plan (PDP);
- Ensure formal communication on MPC throughout the continuum of a doctor's career;
- Explore mechanisms to support doctors whose compliance is problematic.

3. Addressing Non Compliance in Maintenance of Professional Competence

The Medical Council has a duty to monitor the ongoing maintenance of professional competence among its registered doctors.

For doctors to be fully compliant with this requirement, they must:

1. Enrol in a Scheme which best reflects their current area of practice; and
2. Comply with the MPC requirements (undertaking one practice improvement or clinical audit activity and accruing 50 credits or more in CPD activity and per year).

In 2016, the Medical Council established that the enrolment rates on a Scheme should be higher than what was being reported by the Postgraduate Medical Training Bodies. It was identified that a reasonable percentage of doctors were not enrolled in a Scheme. However it was also identified that the data used to determine the size and characteristics of the non-enrolled pool was inconsistent and incomplete. Moreover, a robust mechanism through which doctors' Scheme enrolment could be monitored was required.

As a first step to enforce compliance in MPC requirements, the Medical Council introduced a number of incremental actions focused on increasing the Scheme enrolment rate. The MPC declaration contained in the Medical Council's retention of registration process was amended. Doctors were required to have enrolled in a Scheme prior to completing the retention process. They were also required to declare and identify the Scheme they were enrolled in. An extensive communication exercise was undertaken by the Postgraduate Medical Training Bodies and the Medical Council to remind doctors of their legal requirement to be enrolled on a Scheme and informing them of the new deadline. The Medical Council engaged with the HSE to request that evidence of Scheme enrolment forms part of the National Employment Record. Arrangements with Postgraduate Medical Training Bodies were revised to include regular data snapshots to monitor Scheme enrolment rates.

This section focuses on the Medical Council's objective for 2017 to increase enrolment rates among registered doctors. It focuses on the results of the

analysis conducted to determine the size and characteristics of the non-enrolled pool. It provides details of targeted correspondence issued to non-enrolled doctors. Finally it highlights remaining high priority challenges for the Medical Council to progress.

Establishing the Enrolment Baseline for Effective Monitoring

In order to monitor Scheme enrolment rates, the Medical Council compared data from its Annual Retention Application (ARAF) process with Postgraduate Medical Training Body data on Scheme enrolees and trainees. This analysis produced a list of doctors who were not enrolled in a Scheme despite being required to do so. Doctors practicing overseas and those on an approved training programme in Ireland were removed from the analysis[1]. The demographic and professional information of the non-enrolled pool of registered doctors was then analysed to characterise the non-enrolled pool.

The results of the first analysis conducted in May 2017 indicated that of the 12,978 doctors who should be enrolled in a Scheme, 9.9 percent were not. The analysis also provided a summary of characteristics associated with non-enrolment (see Figure 2). These findings were consistent with a review undertaken in 2016 which identified Non-Consultant Hospital Doctors working in public services as the most significant group of non-enrolled doctors.

Figure 2: Characteristics of doctors in the Non-enrolled pool (as at May 2017)

1. Registered in the General Division
2. Non-Consultant Hospital Doctor
3. Under 35 years of age
4. Non-Irish passport
5. Non-Irish Basic Medical Qualification
6. Working solely in Public Health Services
7. Male

The initial analysis conducted in May was undertaken using 2016 ARAF data. For this reason, the results produced were not exact. However it did provide an approximate baseline from which to begin more detailed monitoring of doctors not enrolled in a Scheme, and a mechanism to measure the effectiveness of targeted strategies used to drive Scheme enrolment.

The findings from subsequent data snapshots obtained in September 2017, December 2017 and April 2018 show that the size of the non-enrolled pool has reduced from an initial 9.9 to 1.7 percent. Table 2 demonstrates the results of the four analyses conducted in 2017 and early 2018 to show that through targeted action Scheme enrolment has increased.

[1] Under the Medical Practitioners Act, overseas doctors practicing for less than 30 days in Ireland are required to maintain their professional competence in their country of practice. Doctors who are on an approved training programme are deemed to be maintaining professional competence obligations through their training programme.

Table 2: Number of Non-Enrolled Doctors on the MCI register

	May 2017	September 2017	December 2017	April 2018
Doctors who **should** be enrolled in PCS:	12,978	13,167	13,111	13,093
Doctors who are **not** enrolled in PCS:	1,286	1,028	530	229
Non-enrolment rate:	9.9%	7.8%	4.0%	1.7%

The findings from data snapshots depict the downward trend across the characteristics of the non-enrolled pool as reflected in Table 3. This demonstrates that the targeted strategies implemented to address non-enrolment have been effective.

Table 3: Characteristics of Non-Enrolled Registered Medical Practitioners (RMPs) on the Medical Council register

Characteristics of Non-Enrolled Pool (May 2017)	Number of Non-enrolled RMPs (May 2017)	Number of Non-enrolled RMPs (September 2017)	Number of Non-enrolled RMPs (December 2017)	Number of Non-enrolled RMPs (April 2018)
1. Registered in the General Division	971	745	376	181
2. Non-Consultant Hospital Doctor	791	619	275	110
3. Under 35 years of age	527	421	190	89
4. Non-Irish passport	685	460	298	135
5. Non-Irish Basic Medical Qualification	659	439	286	128
6. Working public funded services	754	517	216	85
7. Male	811	580	320	135

Table 4 provides information on the top four areas of practice with the largest percentage of non-enrolment. The table also provides a comparison of September 2017, December 2017 and April

2018 figures. Non-enrolment remains highest in General Practice, General (Internal) Medicine, Psychiatry and Anaesthesia.

Table 4: Lower Enrolment Rates across specialties

	General Division	Specialist Division	Supervised Division	April 2018 Total	% of Non-Enrolled Pool	December 2017 Total	September 2017 Total
General Practice	15	9	0	**24**	**10.4**	60	119
General (Internal) Medicine	22	2	0	**24**	**10.4**	70	123
Psychiatry	18	0	0	**18**	**7.8**	14	26
Anaesthesia	9	5	1	**15**	**6.5**	47	84

It is important to note that some sections of the ARAF involve a self-declaration from the registered doctor. For this reason, the data is subjective and may have inconsistencies. Moreover, the Medical Council register is dynamic and changes throughout the year as doctors come onto, move across divisions, and come off the register. For this reason, the figures represented in Tables 2, 3, 4 and 5 are subject to fluctuations over time.

In order to fully understand the characteristics of doctors in the non-enrolled pool, the Medical Council conducted a more detailed analysis of this cohort to inform appropriate strategies. The non-enrolled pool was split, based on the registered doctor's response to the MPC declaration contained in the annual retention of registration process.

This analysis identified two core groups:

- Group 1: doctors that had declared on the ARAF they had enrolled in a Scheme but based on the analysis were not.
- Group 2: doctors that had declared they were, or will shortly be registered in the Trainee Specialist Division, but based on the analysis were not.

Table 5 provides an analysis of the characteristics of both groups. The data shows that the characteristics of non-enrolled doctors in both groups in some cases were not similar.

Table 5: Characteristics of the Non-Enrolled Pool (as at April 2018)

Group 1	**Group 2**
RMPs who declared in the ARAF that they were enrolled in a Scheme and have paid their Scheme enrolment fee for this year, but determined as not enrolled.	**RMPs who declared in the ARAF they are or will shortly be registered in the Trainee Specialist Division, but do not appear in Postgraduate Medical Training Body trainee list and are not enrolled on a Scheme.**
• 392 RMPs in this category (September 2017) • 197 RMPs remain (December 2017) • 60 RMPs remain (April 2018) Principal Characteristics • Hospital Consultants (50 percent) and General Practitioners (50 percent) • Working in public and private funded services • General Registration • Male • Non-Irish (51 percent) and Irish (49 percent) • Irish Basic Medical Qualification • Over 35 years of age (11 percent of total non-enrolled cohort are between 35 – 54 years of age) • Specialties with highest non-enrolment rates: General Practice, General (Internal) Medicine.	• 577 RMPs in this category (September 2017) • 274 RMPs remain (December 2017) • 114 RMPs remain (April 2018) Principal Characteristics • Non Consultant Hospital Doctors • Working in public funded services • General Registration • Male • Non-Irish • Non-Irish Basic Medical Qualification • Under 45 years of age (42 percent of total non-enrolled cohort) • Specialties with highest non-enrolment rates: General (Internal) Medicine, Anaesthesia.

The ARAF is a self-declaration. For this reason, some of the data extracted may have some inconsistencies.

Blank ARAF

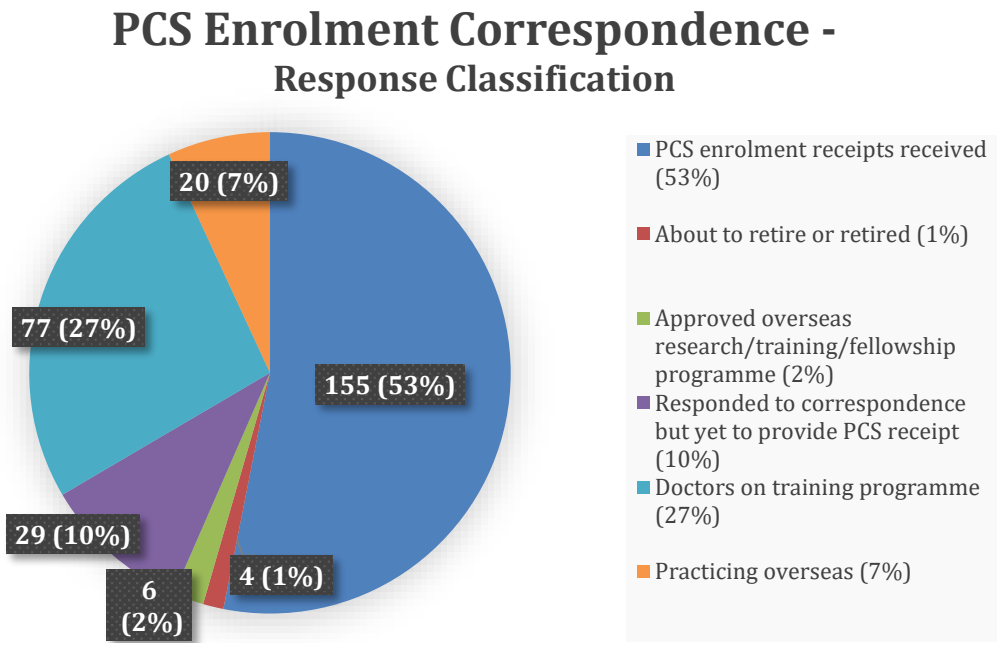
The analysis excludes RMPs who are on the Medical Council register but who did not complete an ARAF (approximately 55 RMPs). There are several reasons for this. For example, a registered doctor may be the subject of an on-going complaint, may have been removed from the register due to non-fee payment, voluntarily withdrawn and subsequently restored, or may be newly registered and not due to complete the ARAF until July 2018.

The data in this report may change over time due to the dynamic nature of the register.

Targeted Action: Corresponding with the Non-enrolled Doctors

In a continued effort to further reduce the non-enrolment rate, the Medical Council issued targeted correspondence to all non-enrolled registered doctors identified through the September and December 2017 analysis. The correspondence requested doctors to provide evidence of their enrolment in a Scheme. Out of the 1,028 doctors contacted following the September 2017 analysis, approximately 28 percent responded, more than half of which provided their Scheme payment receipt as proof of enrolment.

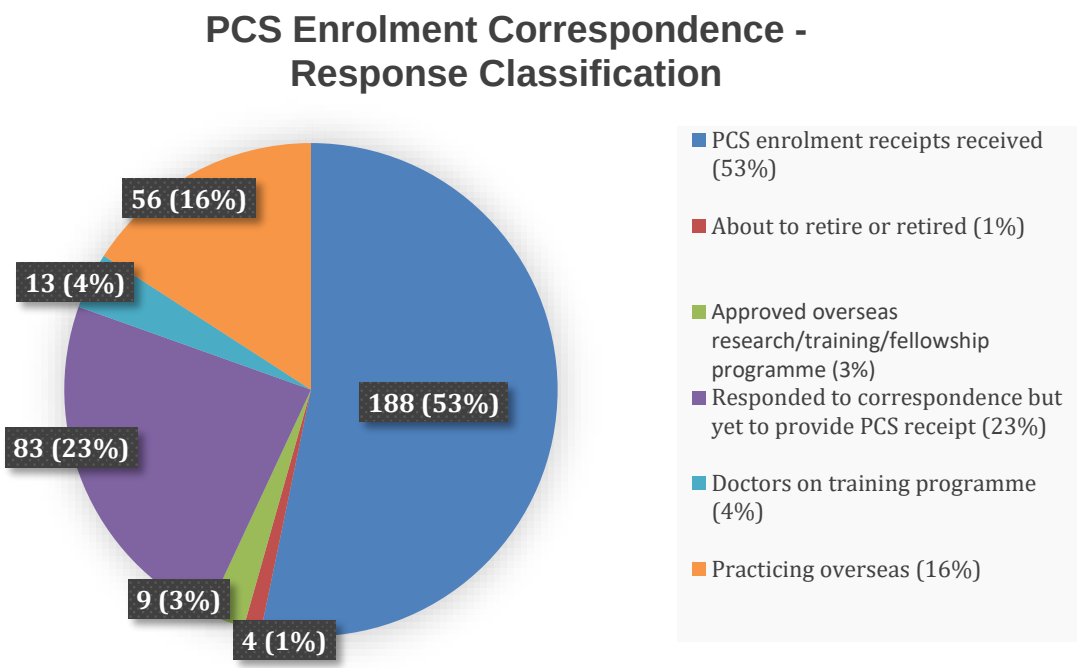
Figure 3: Scheme Enrolment Correspondence – Response Classification (following September 2017 Analysis)



Following this targeted communication, the Medical Council conducted the next snapshot in December 2017 to determine whether the non-enrolled pool had reduced. The results of this analysis did reveal that Scheme enrolment had increased to 96 percent.

The Medical Council repeated the same exercise following the December 2017 analysis. Out of the 530 doctors contacted, approximately 65 percent responded, more than half of which provided their Scheme payment receipts. Figure 4 provides a summary of the types of responses received during the September 2017 mailshot. The analysis conducted subsequently showed that Scheme enrolment rate improved to 98 percent.

Figure 4: Scheme Enrolment Correspondence – Response Classification (following December 2017 Analysis)



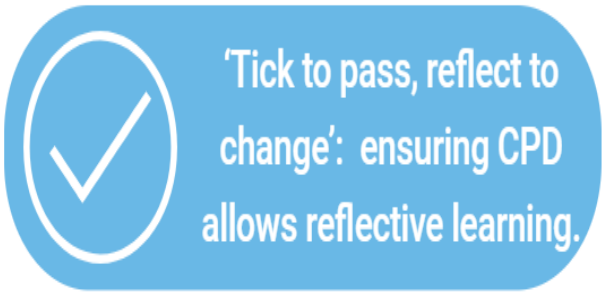
There are still a number of challenges in reducing this further, recognising that reaching 100 percent enrolment compliance is not achievable given the transient nature of a proportion of the medical workforce. A small group of doctors still do not understand their legal duty to maintain professional competence. Some doctors believed that due to their limited practice arrangements, they did not need to enrol in a Scheme (for example retired doctors). There was also much confusion over the difference between doctors in trainee posts and on approved training programmes run by Postgraduate Medical Training Bodies, and doctors filling a vacant trainee positions on a part-time basis.

4. Challenges and Opportunities in Managing Maintenance of Professional Competence

Since MPC was made mandatory, Postgraduate Medical Training Bodies have reported positive engagement among doctors with MPC requirements. However challenges remain which is reasonable to find in the early implementation of a new legal requirement.

During the October 2017 Symposium, participants discussed what the current challenges in MPC are and what best risk-based approaches would ensure better monitoring and managing of MPC compliance.

Participants agreed that MPC has become a tick-the-box compliance exercise rather than an opportunity to engage in meaningful learning. For this reason, communication to doctors on the benefits of MPC throughout the continuum of their professional career is of paramount importance. In addition, given the global nature of the medical workforce in Ireland, strengthening awareness of the MPC requirements for overseas doctors coming to practice in Ireland is also vital.



As the operational aspects of the Schemes are well established, the new challenge going forward will be to ensure that the MPC model continues to evolve and provide relevant and quality lifelong education for doctors. In light of this, the Postgraduate Medical Training Bodies are rolling out new initiatives to shape the provision of CPD through the Schemes which will particularly emphasise:

- Offering relevant quality CPD either in house and/or recognised externally through a Quality Assurance process;
- Incentivising CPD that encourages reflective practice (e.g. peer and practice reviews, personal development plans);
- Introducing, promoting, tracking and reporting on engagement in CPD programmes which focus on prescribing, communication, consent, professionalism, record keeping, and doctors' wellbeing;
- Managing and monitoring CPD (including clinical/practice audit) compliance;

- Implementing a risk based approach to monitor compliance which expands on the verification approach.

As part of its mandate, the Medical Council will provide oversight for these developments.

The Medical Council is also developing the Safe Start programme. This initiative is designed to help doctors new or returning to clinical practice in Ireland understand the general requirements when working in the Irish healthcare system.

While amendments in the Medical Council's annual retention of registration process are important developments to ensure MPC, additional measures are required to ensure compliance. Providing evidence of PCS enrolment as part of the HSE's National Employment Record DIME Database will significantly improve enrolment. Expanding this requirement to all doctors employed by the HSE would increase Scheme enrolment rates. Likewise employers in the private sector and locum agencies must introduce a similar model to monitor enrolment and ensure CPD compliance.

Monitoring of doctors compliance with the MPC requirements needs to be strengthened. Establishing structured mechanisms to facilitate doctors with their MPC is imperative. This should include protected training time. Where compliance remains an issue, Postgraduate Medical Training Bodies and employers should identify mechanisms to support these doctors. Guidelines need to be established with clear referral pathways to manage non-compliance. Ensuring proportionate regulatory action is of paramount importance. Referring non-compliant doctors to the regulator should be used as a means of last resort once all other avenues have been considered.

Figure 5 below provides a summary of the main themes arising from the Symposium to manage compliance:

Figure 5: Main Themes from Symposium on Managing Compliance

- Introduce sanctions for doctors who are not enrolled on a Scheme;
- Employers and locum agencies should ensure doctors they employ are enrolled on a Scheme;
- Employers should facilitate the MPC of registered doctors;
- Investigate the reasons for continuous non-compliance;
- Ensure CPD programme is tailored to the needs of the at-risk groups;
- Encourage the use of PDPs for all doctors;
- Re-enforce referral processes to the regulator for continued non-compliance.

Figure 6: Roles of Stakeholders in Maintenance of Professional Competence

Medical Council

- Monitor and manage continued non-compliance with MPC requirements.
- Re-enforce sanctions imposed on non-compliant doctors.
- Engage with stakeholders in MPC.
- Improve knowledge about MPC requirements through proactive messaging.
- Provide oversight in MPC model evolvement.

Postgraduate Medical Training Bodies

- Improve doctors' knowledge about MPC requirements through proactive messaging.
- Identify and refer non-compliant doctors to the Medical Council following a period rigorous intervention.
- Expand use of PDPs.
- Facilitate enrolled doctors to plan and record CPD activity.
- Implement practice review processes to reflect on and assess performance.
- Continuously review CPD activities to ensure relevance and quality.
- Tailor CPD programmes based on a doctor's needs particularly focusing on cohorts that experience difficulty accessing CPD (e.g. NCHDs not in clinical practice).
- Encourage and incentivise CPD activities including engagement in communication, prescribing, record keeping, professionalism, consent and end of life courses.

Employers

- Improve doctors' knowledge about MPC requirements through proactive messaging.
- Verify that employed doctors are maintaining professional competence.
- Provide advice and support for doctors who develop PDPs.
- Facilitate enrolled doctors to manage MPC activity.
- Support doctors to implement practice review processes as CPD tools to reflect on and assess a doctor's performance where appropriate.
- Referral to the Medical Council where performance issues remain following rigorous intervention by the employer.

Many opportunities exist to shape an innovative MPC model, recognising the different key roles of employers, Postgraduate Medical Training Bodies and the Medical Council. The Medical Council will continue to engage with its partners to ensure that doctors on the register are committed to lifelong learning and continuous professional improvement.

5. Summary

Significant progress has been made to address non-enrolment on Schemes and work in this area will continue.

Professional Competence Scheme enrolment has significantly improved thanks to ongoing collaboration between the Medical Council and Postgraduate Medical Training Bodies.

The focus going forward will be to evolve the MPC model drawing on international experiences, where relevant quality CPD is ensured and where compliance issues which arise are addressed through a comprehensive proportionate risk-based approach.

Currently approximately 99 percent registered doctors who should be enrolled in a Scheme, are. The next step is to strengthen CPD compliance by supporting those doctors who are struggling to meet MPC requirements. Approximately three quarters of registered doctors in Ireland are fully compliant with MPC requirements at present. The Medical Council is actively working with the Postgraduate Medical training bodies and employers to facilitate CPD engagement and support all registered doctors to meet their requirements.

It is important that doctors are supported by the Schemes and employers who are best placed to facilitate lifelong learning. Escalation for regulatory intervention will be necessary where ongoing non-compliance is established and could result in a complaint to Council.

We look forward to working alongside our partners, relative to our respective responsibilities, to explore opportunities to evolve MPC ensuring relativity to ongoing lifelong learning thus resulting in safe and quality patient care.

Maintenance of Professional Competence

Report of Progress 2011 – 2018

98.3%

of doctors now enrolled in a Professional Competence Scheme

10,000 CPD hours

Last year, Postgraduate Medical Training Bodies recognised over 10,000 CPD hours.

13 Schemes established facilitating CPD in over 50 speciality areas of medicine.

'Tick to pass, reflect to change': ensuring CPD allows reflective learning.

Positive engagement in CPD activity through the Schemes.

Scheme enrolment evidence added in the National Employment Record.

Enrolled in a CPD Scheme - 98.3% Not Enrolled - 1.7%

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