Arrangement arising from Section 91(4), *Medical Practitioners Act* 2007

between the

Medical Council Ireland

and

Postgraduate Training Body

For the operation of a Professional Competence Scheme under Section 91(2), *Medical Practitioners Act* 2007

Contents

Definitions

In this document:

"Accredited CE Activity" means continuing education in the form of educational conferences, courses and workshops (both clinical and non-clinical) and other types of learning activities that have satisfied accreditation criteria, provided by a person, body or organisation referred to in Rule 14, whether in-person or electronically.

"Accredited Provider" means a person, body or organisation accredited by the Council to accredit and to provide accredited CE activity either solely, or in collaboration with a person, body or organisation referred to in the Rules.

"Arrangement" means an arrangement pursuant to section 91(4) of the Act between the Council and a Scheme Operator for the purpose of the Council performing its duty under section 91(1) of the Act, to satisfy itself as to the ongoing maintenance of the professional competence of registered medical practitioners.

"Clinical Audit" means the quality improvement process that seeks to improve patient care and outcomes through systematic review of care and practice against explicit criteria and acting to improve care and practice when standards are not met. The process involves the selection of aspects of the structure, processes and outcomes of care that are then systematically evaluated against explicit criteria.

"Committee" means the Committee of the Council established under section 20(2)(a) or (b) to perform duties under section 11 of the Act.

"Continuing Professional Development" means an activity or programme which serves to maintain, develop, or increase the knowledge, skills and professional competence of registered medical practitioners relevant to their scope of practice.

"Council" means "Comhairle na nDochtúirí Leighis" or the Medical Council established by the Medical Practitioners Act 1978 and continued in being by section 4 (1) of the Medical Practitioners Act 2007;

"CE accrediting body" means the Council.

"CE accreditation" means the process through which CE that has been deemed to meet the requirements and standards of a CE accrediting body;

"CPD activity" means a continuing professional development activity (including an accredited CE activity) which serves to maintain, develop or increase the knowledge, skills and professional competence of medical practitioners in their practise of medicine, in one of the eight domains of good professional practice:

a) patient safety and quality of patient care.
b) relating to patients.

c) communication and interpersonal skills.
d) collaboration and teamwork.
e) management (including self-management).
f) scholarship.
g) professionalism; and
h) clinical skills.

"Hour" means sixty consecutive minutes of continuing professional development activity;

"Scheme Operator" means a body recognised by the Council, pursuant to section 91(4) of the Act, as a body with which the Council may make and carry out an arrangement.

"Professional competence" means the possession of the necessary expertise, skill and ability by the medical profession;

"Professional Competence Scheme" or "Scheme" means a Professional Competence Scheme established by the Council for the purposes of satisfying itself as to the ongoing maintenance of the professional competence of registered medical practitioners;

"Scheme Year" means any year beginning on 1 May and ending on 30 April;

"Division of the Register" means the division of the Register of registered medical practitioners in which a particular registered medical practitioner is registered, these divisions are currently broken down as follows:

(a) the General Division – on which those registered medical practitioners who have general registration with the Council are registered and who have not completed specialist training and do not occupy an individually numbered, identifiable postgraduate training post.

(b) the Specialist Division - on which those registered medical practitioners who have specialist registration are registered and who have completed specialist training recognised by the Council and can practise independently as a specialist.

(c) the Supervised Division on which those registered medical practitioners who have been offered a post that has been approved by the Health Service Executive and which has specific supervisory arrangements are registered; and

(d) the Visiting EEA Practitioners Division, on which those registered medical practitioners who are an EU citizen, hold EEA registration and intending to practise medicine in Ireland on a temporary and occasional basis are registered.

"Enrolled Registered Medical Practitioner" means a registered medical practitioner who has enrolled in a Scheme operated by a Scheme Operator, for the purposes of maintaining their professional competence and completing continuing professional development

"External Continuing Education" or "External CE" refers to the participation in CE, external to the

workplace. Accredited CE activity includes attendance at relevant educational conferences, courses, and workshops at local, national, and international level. It would include clinical or non-clinical CE.

“Framework” means the maintenance of professional competence framework model which sets out the minimum annual requirements that must be met by registered medical practitioners to demonstrate their maintenance of professional competence. A copy of the Framework is provided in **Appendix 5** of this document.

“Guidelines” means the document referred to in Rule 4(1) of the Medical Council (Maintenance of Professional Competence) Rules 2025

“Practice Evaluation” is a systematic assessment of the performance of individual or a group of registered medical practitioners by members of the same profession or team, or by patients.

“Professional Development Plan” or “PDP” is a professional development tool used to help registered medical practitioners to identify professional goals and recognise and focus on development needs.

“Quality Improvement” is the defining of a problem, studying the variation within that problem, formulating a goal, and then developing a hypothesis about the potential interventions or changes that might work to achieve this goal.

“Register” means the Register of registered medical practitioners established under section 43(1) of the Act

“Registered Medical Practitioner” or “RMP” means a medical practitioner whose name is entered on the Register.

“Rules” means the Medical Council (Maintenance of Professional Competence) Rules 2025.

“Training Body” means a body approved by the Council under section 89(3)(a)(ii) of the Act.

“Work-Based Learning” means the participation by registered medical practitioners in reflective learning from clinical and non-clinical work.

In these arrangements, unless the context otherwise requires, the singular includes the plural.

Section 1: Background Information

1. The Medical Practitioners Act 2007, as amended ("the Act") requires every registered medical practitioner to maintain their professional competence by means of continuing professional development ("CPD"). The objective of maintaining professional competence is to foster a culture of lifelong learning, which enables doctors to maintain their professional competence based on current patient practice and health system needs, as well as anticipated future developments. This has long been recognised by medical practitioners as a responsibility integral to the medical professionalism which underpins the relationship between themselves and the public, and which helps to maintain trust.

2. Under section 11 of the Act, the Council has the power to make statutory rules in relation to professional competence Schemes. Accordingly, the Medical Council developed the Medical Council (Maintenance of Professional Competence) Rules 2025 (the "**Rules**") (as per Appendix 9) which provide for various matters in relation to the professional competence of registered medical practitioners. The Council establishes one or more professional competence Schemes ("**Schemes**") to facilitate registered medical practitioners' maintenance of professional competence. The Council recognises bodies responsible for operating the Schemes ("**Scheme Operators**"). The Rules set out the suite of requirements that Scheme Operators must demonstrate to run the Scheme(s) and provide accredited education.

3. The Rules are accompanied by a set of guidelines known as the Professional Competence Guidelines ("the Guidelines") prepared by the Council, in line with its powers under section 12 of the Act, to inform registered medical practitioners about how the Council performs its functions in relation to maintenance of professional competence, and to give registered medical practitioners information to understand their professional competence obligations.

4. The Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners places a professional obligation on registered medical practitioners to maintain, update and develop their expertise, skill and ability in relation to the practise of medicine – known as their professional competence.

5. Maintenance of professional competence is a self-directed process, unique for every registered medical practitioner. Registered medical practitioners are required to contact and enrol in the Scheme most relevant to their speciality or scope of practice and engage in and record CPD. The Maintenance of Professional Competence Framework ("the Framework") in **Appendix 6** outlines the annual minimum requirements that must be achieved by registered medical practitioners to demonstrate their maintenance of professional competence.

6. Scheme Operators recognised by the Council are responsible for implementing the Framework, through which registered medical practitioners plan, engage in, and record their CPD. Scheme Operators have the expertise and knowledge to support registered medical practitioners' maintenance of professional competence, deliver the Scheme(s), and function as providers of accredited education.

Section 2: Purpose of the Arrangements

7. The purpose of the Arrangements is to clearly set out:

   (a) the requirements to operate a scheme.

   (b) the respective roles, responsibilities, and obligations of both the Council and Scheme Operators under the proposed heads of terms of the arrangements.

   (c) the quality standards, corporate governance, information governance and oversight arrangements to be applied; and

   (d) the required approach to performance measurement, monitoring and reporting in respect of the scheme(s), to be operated by each Scheme Operator.

   These Arrangements have been developed to detail the framework of understanding between the Council and the Scheme Operators in respect of the Schemes to be operated. The document does not seek to replace the provision of the Act or to extend the powers, roles, responsibilities of any party as set out in the Act.

   These Arrangements will run for a total of five years, beginning 1 May 2024 and running to 30 April 2030. The Scheme Year of 2024/2025, beginning 1 May 2024 and ending 30 April 2025, will be a transition period to enable Scheme Operators to prepare for the commencement and implementation of the MPC Framework and Rules on 1 May 2025.

   The Council and the Scheme Operators will confirm their acceptance of and agreement with the requirements of these Arrangements by signing the document at Section 13.

Section 3: Establishment of Schemes

8. In accordance with section 91(2) of the Act, the Council can establish a range of Schemes by making arrangements with recognised bodies for the operation of these Schemes. These Schemes are the formal structures which facilitate registered medical practitioners' maintenance of professional competence.

9. Schemes are designed to be flexible, so that they can be tailored to individual practice. However, to support accountability, explicit requirements are set out for registered medical practitioners to enable maintenance of professional competence within the Framework. Scheme Operators are recognised by the Medical Council as having the expertise and knowledge to support doctors' maintenance of professional competence, deliver the Scheme, and function as providers of accredited education.

10. Scheme Operators facilitate registered medical practitioners' engagement in CPD activities and support registered medical practitioners on an ongoing basis pursuant to the requirements set out in:
    - The Framework (Medical Council, 2025).
    - The Medical Practitioners Act 2007, as amended ("the Act").
    - The Guidelines (Medical Council, 2025).
    - The Rules (Medical Council, 2025).
    - The Guide to Professional Conduct and Ethics for Registered Medical Practitioners (9th edition) and any further editions which may be produced from time to time, as appropriate.

Recognition as a Scheme Operator

11. In order to be recognised by the Council for the purpose of section 91(4)(a) of the Act and become a Scheme Operator with the Council for the purposes of assisting it to perform its duties under section 91(1) of the Act.

12. Where the Council is satisfied that a body which has applied meets the requirements of the Rules and the Guidelines, it may recognise that body pursuant to section 91(4)(a) of the Act and may attach to such recognition any conditions which it considers to be relevant and necessary.

13. A body granted recognition shall comply with:
    (a) any conditions attaching to its recognition by the Council, and
    (b) the requirements of the Rules, the Guidelines, and these arrangements entered into between the Council and Scheme Operator under section 91(4)(a) of the Act.
        i. the Scheme incorporates the Council's Framework for the maintenance of professional competence of registered practitioners
        ii. the Scheme complies with the Council's standards for bodies operating Continuing Professional Development Schemes

iii. the Scheme complies with the Medical Council Criteria for Accredited Providers

iv. the Scheme complies with the Medical Council Criteria to Accredit Activity provided By Non-Accredited Entity

(c) each Scheme proposes fees that are reasonable, proportionate and evidence based, having regard to any thresholds that the Council may prescribe, from time to time.

14. Bodies that have been recognised as Scheme Operators automatically become Accredited Providers of CE activity.

15. Scheme Operators have a responsibility to acquire and maintain recognition from the Council for all Schemes that are the subject of an arrangement.

16. Pursuant to section 91(5) of the Act and Rule 12 of the Rules, the Scheme Operators' ongoing performance and compliance with the criteria set out in Rule 11 shall be monitored and assessed by the Council. Pursuant to Rule 12(2)(a) the Council requires the submission of a performance report establishing compliance by Scheme Operators with the criteria set out in Rule 11 on an annual basis until such time as a different interval is prescribed by the Council. Further detail on the applicable reporting requirements is contained in Appendix 2 of this document.

Special Conditions

17. The Council may attach special conditions to the recognition it provides under section 91(4) of the Act. Any special conditions, as agreed with the Scheme Operator, will be more particularly set out in the arrangement to be entered into between the Council and the relevant Scheme Operator.

Section 4: Heads of Terms for the new Arrangements

(Where the term "Parties" is used in this information document this is to refer to the intended parties to an arrangement, where those parties are the Council and a Scheme Operator.)

18. The arrangement to be entered into by the Parties will set out the requirements that apply to any recognition that the Council provides to the Scheme Operator pursuant to Part 11 of the Act. Current Scheme Operators will be grandfathered into the new Maintenance of Professional Competence Framework Model.

19. Should the Scheme Operator fail to meet the requirements specified in the arrangement or cannot satisfy the Council that it is meeting them at any time, the Council may, pursuant to 91(4) of the Act, and subject to the Scheme Operator's right of appeal, revoke, suspend or cancel the Scheme Operator's recognition to operate a Scheme. Further detail regarding the right of appeal for Scheme Operators within the Dispute Resolution Process of the Medical Council is presented in **Appendix 4.**

20. It is intended that the arrangements will be effective from **1 May 2024** Previously recognised schemes that are already the subject of an arrangement will continue to operate under that arrangement until its expiry. Current schemes will continue to operate on an ongoing basis pursuant to the requirements set out in the
    (a) The Framework (Medical Council, 2025)
    (b) The Medical Practitioners Act 2007, as amended ("the Act")
    (c) The Rules (Medical Council, 2025)
    (d) The Guide to Professional Conduct and Ethics for Registered Medical Practitioners (9th edition) and any further editions which may be produced from time to time, as appropriate.

Section 5: Scope of Scheme to be Provided

21. Schemes will specify the scope of practice for which their schemes are designed.

22. Schemes shall be available to all registered medical practitioners with the specified scope of practice.

23. Scheme Operators shall be responsible for setting the enrolment criteria for the scheme(s) and defining and setting the CPD activities, including accredited CE activities, which must be undertaken by registered medical practitioners enrolled in the scheme(s).

24. Changes to the arrangements during the period/term of the arrangement will be made by the Council updating the Appendices attached to this arrangement, such updates will be notified to the Scheme Operators a reasonable period in advance of taking effect, and/or through agreeing changes/amendments with the Council as more particularly set out in **Appendix 3**.

25. The Scheme Operator will operate the Scheme in accordance with the Appendices attached hereto, and as more particularly set out in the arrangement to be executed by the Parties.

26. Services provided to enrolled registered medical practitioners as part of the Scheme are to be as stipulated in section 6 of this arrangement. The Scheme Operator must obtain express written agreement from the Council in advance of any departure from section 6.

27. Developments including investments in infrastructure/software going forward must support adherence to:
    - the Framework as set out in the Guidelines
    - the Medical Council Criteria for Accredited Providers and the Medical Council Criteria to Accredit Activity provided By Non-Accredited Entity, as set out in the Guidelines

28. The Scheme Operator agrees to act in a professional and efficient manner, so as to give the Council the full and complete benefit of its knowledge, expertise and competence.

29. The Scheme Operator agrees to inform the Council of any critical third-party arrangements that may be involved in the delivery of the Scheme covered by this arrangement.

30. The Scheme Operator is wholly accountable for the operation of the Scheme throughout the term of the arrangement.

Section 6: Responsibilities of Scheme Operators and the Council

Scheme Operators

31. To fulfil its duty to satisfy itself that registered medical practitioners are maintaining their professional competence pursuant to Part 11 of the Act, the Council has established one or more Schemes and has developed Rules and Guidelines. The Rules and Guidelines define the:
    a) Framework for the purpose of registered medical practitioners' maintenance of professional competence
    b) Standards that Scheme Operators must comply with when operating the Schemes, and
    c) Criteria to receive accreditation from the Council and to accredit CE activity

32. These tools have been developed to provide consistency and promote effectiveness in the way registered medical practitioners maintain professional competence and Schemes are operated.

33. Scheme Operators have responsibility to work collaboratively with the Council, other Scheme Operators, and other key stakeholders, as required to effectively implement the requirements set out in:

    a) The Framework (Medical Council, 2025).
    b) The Medical Practitioners Act 2007, as amended ("the Act").
    c) The Rules (Medical Council, 2025).
    d) The Guidelines (Medical Council, 2025).
    e) The Guide to Professional Conduct and Ethics for Registered Medical Practitioners (9th edition) and any further editions which may be produced from time to time, as appropriate.

34. Scheme Operators are well placed to support registered medical practitioners' maintenance of professional competence through the provision of the following:
    a) **Setting the enrolment criteria for the Scheme:**
    Scheme Operators must set out the applicable categories and enrolment criteria for registered medical practitioners to enrol in a Scheme. Registered medical practitioners must apply and enrol in the Scheme which is most relevant to their education, training, demonstrated competence and current practice.

    b) **Defining and setting the specific scope of CPD activities which must be undertaken by registered medical practitioners:**
    Scheme Operators have a dual responsibility to implement the Framework and mandate, where relevant, the speciality-specific CPD activities for those registered medical practitioners enrolled in their Scheme, and the intervals at which these activities must be undertaken.

    c) **Providing an electronic system to record evidence of CPD activities:**
    This system will allow registered medical practitioners to record and store evidence and monitor attainment of their annual CPD requirements.

d) **Providing an annual statement of participation:**
Scheme Operators will produce a statement of participation in respect of each registered medical practitioner enrolled in the Scheme they operate. The statement of participation should provide details of the registered medical practitioners' enrolment and recorded CPD. The statement of participation is provided to each enrolled registered medical practitioners on an annual basis after 1 May.

e) **Providing guidance and tools:**
Scheme Operators will provide support through offering examples and guidance on various activities that registered medical practitioners may pursue to implement their Professional Development Plans ('Plans'). This should include resources to facilitate enrolled registered medical practitioners to maintain their professional competence as defined in the Framework.

f) **Providing a system to verify hours claimed by a sample of enrolled doctors:**
Annually, the Scheme Operator conducts checks on a sample of its enrolees to determine whether the CPD recorded is accurate and is in line with a registered medical practitioner's Plan. Scheme Operators should:

- Implement a risk-based approach to the scheme verification process to monitor compliance and guide non-compliant registered medical practitioners to obtain compliance.
- Collect data during the verification process to make improvements to the wider scheme operation.
- Support at-risk cohorts who struggle to meet these requirements (this includes Non-Training Scheme Doctors (NTSDs) through engagement with the HSE's National Doctors Training and Planning unit (NDTP).
- Monitor samples of enrolled registered medical practitioners to determine whether appropriate activities have been undertaken, that the required outcomes are being achieved, and developing actions where this is not the case.

g) **Monitoring the compliance of its enrolled doctors:**
The Scheme Operator is responsible for monitoring registered medical practitioners' compliance with the requirements of the scheme(s), the Rules, the Framework, and the Guidelines. The Scheme Operator submits reports to the Medical Council regarding the compliance of its enrolled registered medical practitioners. The Scheme Operator is obliged to notify the Medical Council when it has reasonable grounds to believe that an enrolled registered medical practitioner appears to be persistently non-compliant with the requirements of the Scheme, the Rules, the Framework, or these Guidelines.

Scheme Operators should analyse data in relation to compliance of the scheme(s), including tracking of enrolment, compliance with CPD requirements, uptake of PDP, uptake of CPD covering the Domains of Good Professional Practice, and other requirements which the Council may determine from time to time.

h) **Providing direct support to enrolled registered medical practitioners who do not meet their requirements for CPD activity:**
This may include, but is not limited to, engagement with the enrolled registered medical practitioners to ensure compliance with requirements, direct engagement with enrolled registered medical practitioners who are not compliant, advice, tools, documents, and guides on suitable CPD activities to address an identified shortfall in CPD activity.

i) **Providing a mechanism to record an identified circumstance reported by a registered medical practitioner which may prevent them from meeting the annual CPD target:**
As more particularly set out in the Rules and Guidelines, this may apply to:

- Newly registered medical practitioners whose names are entered onto or restored to the register on or before 31 March in any Scheme year
- Registered medical practitioners who are on sick, maternity, parental, carers, or adoptive leave, or any other form of statutory leave
- Registered medical practitioners who relocate overseas during a Scheme year
- Registered medical practitioners who relocate to the Republic of Ireland during the Scheme year (and are not newly registered medical practitioner)
- Registered medical practitioners who are on the register but do not practise medicine

j) **Reporting to the Medical Council:**
The Scheme Operator is responsible for preparing reports regarding the operation of the Scheme, enrolled registered medical practitioners' compliance with the Scheme, and the delivery of CPD (including accredited Continuing Education (CE)) to the Medical Council on a periodic basis.

k) **Providing and accrediting CE activities:**
Scheme Operators become accredited providers of CE as an extension of their recognition by the Medical Council to operate the scheme(s). Through the recognition process, Scheme Operators are required to comply with specific accreditation criteria set by the Medical Council.

l) **Undertaking regular, formal consultation with registered medical practitioners:**
Scheme Operators should determine registered medical practitioners' satisfaction or otherwise with the scheme(s) and identify opportunities for improvement in the delivery of the scheme(s).

m) **Establishing mechanisms for tracking and verifying attendance at CPD events.**

n) **Being responsible for all costs associated with the provision and operation of the Scheme.**

o) **Maintaining documentation regarding the delivery of the Scheme for a period of six years.**

p) **Making a declaration to the Medical Council regarding Scheme Operator's compliance with its responsibilities defined in the Rules**.

q) **Issuing reminders to all registered medical practitioners who were enrolled in their Scheme in accordance with Appendix 1.**

r) **Where a registered medical practitioner (RMP) is subject to a performance assessment*, Scheme Operators will provide support in the following areas:**

a. Where required, to assist the Medical Council in securing suitable practitioners to act as medical assessors to participate in the conducting of assessments
b. Where required, to support the RMP in their development of an action plan
c. Where required, to support the RMP in the implementation of their action plan
d. Where required, to assist the Medical Council in the monitoring of the implementation of a RMP's action plan
e. Where required, to conduct, and report on, an appropriate examination of knowledge and skill as specified by the Professional Competence Committee of the Medical Council

*More detail on this is provided in SI 741 of 2011 which is available in **Appendix 6** of these arrangements.

(s) **Ensure that Registered Medical Practitioners are provided with access to a Clinical Mentor.**

A **Clinical Mentor** will guide the doctor in the development, examination, or re-examination of their personal or professional development needs by helping them identify and implement suitable remedial activities, and by providing personal and professional support

The Council may liaise with the Scheme Operators to investigate any alleged breach of these rules and the Scheme Operators shall furnish information and documentation in that regard to the Council upon request.

The Council retains responsibility for monitoring the operation of Professional Competence Schemes and to revise the Rules and Standards for the enhancement and improvement of the operation of each scheme.

The Council

In setting and monitoring standards for the maintenance of professional competence through the establishment of appropriate Schemes, the Council will carry out its responsibilities with due care and skill to the highest professional standards. The Council will:

- operate in accordance with Part 11 of the Act
- co-operate, with parity of esteem, with the Forum of Irish Postgraduate Medical Training Bodies and with individual Scheme Operators in the ongoing development and operation of schemes
- within the provisions of this arrangement, provide strategic direction and guidance on the operation of the schemes
- make and carry out arrangements with recognised Scheme Operators for the purposes of establishing and operating schemes

- devise standards in order to define requirements for registrants with regard to the maintenance of professional competence
- monitor registrants' pursuit of these requirements through reports provided by the Scheme Operators
- continually monitor and assess the establishment and operation of schemes, and put forward recommendations for the enhancement and improvement of the operation of Schemes to the Minister for Health
- May liaise with the Scheme Operators to investigate any alleged breach of these Rules and the Scheme Operators will furnish information and documentation in that regard to the Council when requested
- take appropriate enforcement action when registered medical practitioners persistently do not meet compliance requirements. This may involve making a complaint in respect of any registered medical practitioner who refuses to co-operate, fails to co-operate, or ceases to co-operate with the requirements of the scheme as set out in Part 11 of the Act. The Council is empowered to respond in a number of ways, including ultimately bringing the matter before its Fitness to Practice Committee
- The Council will monitor the Scheme Operators' compliance with the following:
    1. the Framework as set out in the Guidelines
    2. the Medical Council Criteria for Accredited Providers and the Medical Council Criteria to Accredit Activity provided By Non-Accredited Entity, as set out in the Guidelines

Section 7: Governance and Management

35. The Scheme Operator will operate its scheme(s) in accordance with the requirements of the Act, Rules, Guidelines, and the terms of the legal agreement for the arrangement that is ultimately entered into between the Parties.

36. The Scheme Operator is accountable to the Council. As such, reports for the Council will be prepared by the Scheme Operator regarding the:

    a) Operation of the scheme(s) and its compliance with the requirements set out in the Act, the Rules, Guidelines, and this Arrangement document.
    b) CPD activity including accredited CE activity and the Scheme Operator's compliance with the accreditation criteria outlined in the Guidelines.
    c) Registered medical practitioners' compliance with the requirements set out in the Act, the Rules, and the Guidelines.
    d) Any other information regarding the above as may be prescribed by the Council from time to time.

37. Pursuant to section 91(5) of the Act and Rule 12 of the Rules, the Scheme Operators' ongoing performance and compliance with the criteria set out in Rule 11 shall be monitored and assessed by the Council. Pursuant to Rule 12(2)(a) the Council requires the submission of a performance report establishing compliance by Scheme Operators with the criteria set out in Rule 11 on an annual basis until such time as a different interval is prescribed by the Council. Further detail on the applicable reporting requirements is contained in Appendix 2 of this document.

Staffing/Human Resources/Personnel

38. The Scheme Operator must have an organisational chart which outlines clear roles, responsibilities, and reporting relationships for the operation of the scheme(s). To provide greater clarity on this, an organogram showing the organisational structure, roles and responsibilities and reporting relationships should be added to the appendix of reports.

39. The Scheme will provide updated details of named personnel with whom the Council will liaise concerning the operation of the scheme(s) and the arrangement. The Scheme Operator will notify the Council if there is a change in the key officers or personnel responsible for operating the scheme(s), including clinical directors.

40. A committee consisting of Postgraduate Training Body ("PGTB") Medical Directors and Scheme Operators will meet with the Council annually/biannually to enable collaboration, ensure consistency in approach, and provide clinical insight into the schemes' programme of activities.

Procedural Guidance

41. In accordance with the requirements of this arrangement, the Scheme Operator will implement any procedural guidance that the Council issues relating to the operation of the scheme(s).

Reporting

42. Scheme Operators shall have a responsibility to report on all elements of the scheme(s) including CPD activities and implementation, compliance, and the operations of the scheme(s).

43. The provision of consistently unsatisfactory progress reports may lead to the Council's withdrawal of recognition of a particular scheme in accordance with 91 (4) of the Act.

44. The Council shall specify the annual requirements of each scheme through Appendices developed ahead of a Scheme Year. This will include annual reporting requirements and reports on persistent non-compliance.

Periodic Evaluation

45. An evaluation will be conducted at intervals of 2.5 years to assess the performance of a scheme. The objective of this evaluation is to support decision-making and improvements to the operation of the scheme(s), by investigating what is working, what is not working, and why. In line with Section 91(3) of the Act, agreed recommendations will then be added to these arrangements and communicated to Scheme Operator(s) in writing.

Insurance

46. The Scheme Operator undertakes to notify its insurer of all services or activities that it delivers as part of the scheme(s). It agrees to ensure that it has sufficient insurance coverage, as advised by its insurer, to include public and employer liability insurance. The Scheme Operator undertakes to make available all relevant insurances to the Council, on request.

Financial Procedures

47. The Scheme Operator is accountable to its enrolled registered medical practitioners in relation to how it spends the revenue it generates from fees paid by enrolled registered medical practitioners in order to enrol on its schemes, and from accrediting CE activities.

48. Revenue from maintenance of professional competence fees and CE accreditation should be reported separately in annual report audited accounts, published on a Scheme Operator's website, and circulated to a Scheme Operator's enrolled registered medical practitioners for transparency and accountability.

Dispute Resolution

49. The Council and the Scheme Operator, their governance structures and staff, agree to act in the best interests of their respective organisations, rather than to further their personal interests or the interests of a third party. In the event of a conflict of interest in relation to the matters covered by an arrangement, the relevant party will take appropriate action to resolve the issue and will notify the other party, in a timely manner.

50. If an issue cannot be resolved in this manner, the Dispute Resolution Process, set out in **Appendix 4,** will take effect. The Scheme Operator and the Council will not divulge any details of grievances or disputes to any third parties.

Termination

51. To terminate the arrangement a party must first notify the other that it is contemplating termination, stating the grounds and what, if any, remedial result by the other will prevent termination. This is without prejudice to the Council's right to withdraw recognition of the Scheme Operator under Section 91(4) of the Act. Grounds for termination include, but are not limited to:

    - breach of the terms of the arrangement
    - fraud
    - misappropriation
    - insolvency

52. Should an arrangement be terminated the Scheme Operator must no longer act or promote itself as if it has Council recognition to operate the Scheme previously the subject matter of the terminated arrangement.

53. In the event of such a termination, the Council will make arrangements with the most relevant alternative Scheme Operator to accommodate any enrolled registered medical practitioners who are affected by the termination, in an appropriate Scheme.

Section 8: Information Governance

54. The Scheme Operator has a responsibility to provide an appropriate level of information governance relevant to the information it processes, ensuring that registrants' records are accessible only to the individual registered medical practitioner and the appropriate officer in the Scheme Operator. Scheme Operators should be aware of their own obligations under the General Data Protection Regulation 2016/679 (hereafter 'the GDPR').

55. The Executive of the Scheme Operator will provide its council, governing body, or board with regular reports on the operation of the scheme(s). Regular meetings of this body will:
    - monitor provision of the agreed scheme(s)
    - monitor progress to date
    - facilitate communication and cooperation between the Scheme Operator and the Council

56. The Scheme Operator will keep accurate records of all meetings held with any council, governing body, or board. The information of these meetings should be retained in line with a retention period acceptable to the Medical Council for the purposes of recording registrants on its scheme(s).

57. The Scheme Operator will retain certain records for operational and administrative purposes and to demonstrate compliance with statutory or regulatory requirements.

58. Any personal data provided to the Medical Council or other entity acting on behalf of the Medical Council, i.e. a data processor, by the Scheme Operatorshould be transferred via a secure method, e.g. through Sharefile, a secure file-shring platform.

59. The Scheme Operator should ensure that it adheres to Article 5 of the GDPR, and in particular ensures all personal data it holds regarding enrolled registered medical practitioners is accurate, complete and up-to-date.

60. As with all records, and in line with the GDPR, Scheme Operators must keep records of any complaints received from enrolled registered medical practitioners on the scheme(s) they operate. The Scheme Operator must also keep a record of how such complaints were managed and resolved. On request from the Council, the Scheme Operator will provide reports on any complaints received.

Section 9: Financial Procedures

61. The Scheme Operator will be required to declare that it will be responsible for all costs associated with the provision and operation of the Scheme.

62. Scheme Operators will propose fees for the Scheme which the body proposes to provide and administer are reasonable, proportionate and evidence based, having regard to any thresholds that the Council may prescribe, from time to time.

63. If required by the Council, the Scheme Operator must provide evidence of expenditure in respect of the enrolment fee income received in relation to the scheme(s), if requested by the Council.

64. The Scheme Operator will ensure that enrolment fee income associated with the operation of the scheme(s) is identifiable in its annual report audited accounts.

65. The Council is under no obligation or liability in respect of the Scheme Operator's staff or employees.

66. Should fraud or misappropriation be suspected, or if the Scheme Operator becomes aware of circumstances suggesting fraud or misappropriation in, or in respect of, the activities arising out of an arrangement, or elsewhere in its operations, the Scheme Operator will immediately notify the Council. It will also ensure that it undertakes all other necessary notifications and actions.

67. The Scheme Operator will investigate any irregularities immediately and will give notice to this effect to the Council. The Scheme Operator will also provide Council with all information obtained during the investigation.

68. In the event that fraud or misappropriation emerges in or, in respect of, the activities arising out of this arrangement, the Scheme Operator will adhere to all directions provided by the Council, if any.

69. The Scheme Operator agrees to indemnify, and to keep indemnified, the Council from and against any taxation-related charges or costs, where relevant, that may arise in connection with the performance of the Scheme Operator's responsibilities and arrangements.

Section 10: Quality and Standards

70. The Scheme Operator will ensure that good practice guidelines and other quality standards issued or endorsed by the Council in respect of the scheme(s) developed under section 94 of the Act, along with any other appropriate good practice, are applied to all services and activities that it provides as part of an arrangement.

71. In delivering a scheme, the Scheme Operator affirms its compliance with all relevant statutory regulations, strategy, and guidance documents in relation to quality and standards associated with the scheme(s). These include:

    - The Framework (Medical Council, 2025).
    - The Medical Practitioners Act 2007, as amended ("the Act").
    - The Rules (Medical Council, 2025).
    - The Guide to Professional Conduct and Ethics for Registered Medical Practitioners (9th edition) and any further editions which may be produced from time to time, as appropriate.
    - Data Protection Act 2018, as amended and all regulations made thereunder
- Regulation (EU) 2016/679 (General Data Protection Regulation)
    - Freedom of Information Act 2014, as amended
    - The Guidelines

Links to these key documents are provided in Appendix **6 of** this document.

72. The Scheme Operator will inform the Council about the ongoing monitoring of quality and standards as it pertains to the successful operation of the scheme(s). The reporting requirements associated with the operation of each scheme are set out in **Appendix 2**.

73. The Scheme Operator will ensure that relevant responsible individuals are suitably trained and qualified to implement the policies and procedures supporting the scheme(s) and will provide detail on this in annual reports. The Council is under no obligation or liability in respect of the Scheme Operator's staff or employees.

74. Changes to the content or activities underpinning the Schemes as recognised by the Council are subject to agreement between the recognised Scheme Operator and the Council. Such agreements will be noted in writing and signed by both the Council and the recognised Scheme Operator.

75. Provisions of the Rules outline that Scheme Operators can provide accredited CE once granted recognition from the Medical Council to operate schemes. While the Medical Council is responsible for setting standards and criteria for education, training, and lifelong learning for registered medical practitioners, it recognises that bodies operating the schemes are best placed to deliver CE in line with the scope of practice of their enrolees. The Medical Council will quality assure the CE through a set of accreditation criteria.

76. Bodies seeking accreditation from the Medical Council will be required to comply with the accreditation criteria demonstrating their commitment to deliver independent CE that accelerates learning, change and improvements in healthcare. The Medical Council will routinely assess the accredited CE and accredited providers of CE against the following criteria:

    - Institutional Governance criteria, which focuses on the principles of good governance including eligibility, mission, and programme analysis.
    - CE Activity Criteria, which Scheme Operators must develop CE activities alongside. These include ensuring the CE activity is scientifically valid, free from sales and independent of marketing messages.

77. Under the new accreditation model, the Council will serve as the accrediting body. Scheme Operators will be invited to apply for accreditation from the Medical Council through an application process. They will also need to demonstrate compliance with specific criteria during the accreditation application and review process which will consist of three stages:

    - Stage 1: Self-assessment
    - Stage 2: Application Review
    - Stage 3: Awarding of Accreditation

78. Accredited providers have the capacity to accredit CE activity from a non-accredited body for a fee. A person, body, or organisation may wish to provide CE without applying for or obtaining accreditation from the Medical Council and may want to have a single CE activity accredited. To do so, they must apply to a Scheme Operator to have their CE activity accredited. It is the responsibility of the Scheme Operator to ensure that accreditation criteria are met and adhered to.

79. Further information on the accreditation process can be found within the Guidelines.

Section 11: Monitoring and Accounting for Activities

80. The Council will review the operation of the scheme(s) periodically under section 91(3) of the Act.

81. The Council reserves the right to review the recognition it provides under section 91(4) of the Act and to make recommendations as to the steps that may need to be taken to improve the operation of the scheme(s), in particular where the Council is of the opinion that:

    - the Scheme Operator is failing to meet the requirements set out in the legal agreement executed by the Parties in respect of the arrangement; and/or
    - the Scheme Operator is failing to carry out the activities for which the Council awarded recognition

82. The Council will work to reach an agreed approach with the Scheme Operator in respect of any review and the necessary actions which may arise from it.

83. The Council shall monitor and assess the performance of bodies recognised for operating schemes.

84. The Scheme Operator will provide any information relating to the operation of schemes, validation of fee income and any of the activities associated with schemes as may reasonably be requested by the Council from time to time. The required reporting requirements are set out in **Appendix 2**. The Council is entitled to require further information from a Scheme Operator in cases where it considers that the information provided is insufficient.

85. In its annual report to the Council the Scheme Operator must demonstrate that it is operating the scheme(s) and the agreed activities as described in its application for Council recognition, alongside any subsequent amendments as agreed with the Council under section 94 of the Act.

86. The Scheme Operator must co-operate with any review or reporting requirements set out in **Appendix 2**.

Section 12: Reference to the Council in Publications and Other Documents

87. The Scheme Operator will acknowledge the role of the Council in respect of the scheme(s) for registered medical practitioners on all materials and publications, in promotion, advertising and any other printed materials or publicity, directly relating to the scheme(s) specified in an arrangement.

88. Before release, the Scheme Operator will provide the Council with a copy of any media statements, press releases or articles which refer to the Council and its role in establishing the scheme(s), either explicitly or implicitly. The Council will do likewise in relation to any similar matter that relates specifically to the Scheme Operator. This procedure constitutes a notification or consultation process, rather than an approval process.

89. The Scheme Operator will display the Council's logo prominently on any printed materials and publications directly associated with the operation of the scheme(s).

90. The Council's logo and any other Council branding or straplines cannot be used without prior approval from the Council's Executive Director of Regulatory Operations and Support Services following review of printed or emailed copies of any materials, publications, promotions, advertising, or other printed materials. The Council will not withhold or delay such material unreasonably.

Section 13: Confirmation and Execution

This Arrangement document must be signed and dated by the officer in the Scheme Operator with responsibility for the operation of the PCS. The Dean or President of the Scheme Operator must counter-sign the Arrangement.

I confirm that I am authorised to sign this Arrangement on behalf of the

POSTGRADUATE TRAINING BODY

I understand that by signing this Arrangement document I am committing the **POSTGRADUATE TRAINING BODY** to comply with the requirements contained within the document.

On behalf of the **POSTGRADUATE TRAINING BODY,** I accept and agree to the conditions in this Arrangement. I affirm that the recognised Scheme Operator is duly authorised to enter into and perform this Arrangement.

_____

Signed on behalf of the Training Body
Mx Firstname Lastname

(Chief Executive Officer)

Date

_____

Signed on behalf of the Medical Council
Mr Leo Kearns

(Chief Executive Officer)

Date

_____

Signed on behalf of the Training Body
Mx Firstname Lastname

(President)

Date

_____

Signed on behalf of the Medical Council
Dr Suzanne Crowe

(President)

Date

Appendices

Appendix 1: Operational Requirements

The purpose of this Schedule is to specify operational requirements associated with the Professional Competence Schemes.

These operational requirements are updated and circulated to Scheme Operators each year, highlighting relevant dates for actions and delivery of information.

1. Communications regarding Scheme Enrolment

ITEM 1

Date Window:

22 May 2024 – 26 May 2024

Requirement:

Between 22 May 2024 and 26 May 2024, the Scheme Operator will send an email (or a letter if an email address is not available) to all registered medical practitioners who were enrolled in its scheme(s) during 2023/24 but who have not enrolled for 2024/25. The correspondence will contain, at a minimum, the content specified below.

Minimum Content:

i. The *Medical Practitioners Act 2007* and *Statutory Instrument (2022)* require that a registrant must be enrolled in a Professional Competence Scheme and be able to confirm at retention of their registration that they are enrolled and complying with the requirements of a scheme.
ii. During retention of registration in 2024 the Medical Council will require registered medical practitioners to declare that they are enrolled in a scheme for the upcoming year. Registered medical practitioners will be required to nominate the scheme(s) they are enrolled in.
iii. Registered medical practitioners renewing their enrolment must do so by 1 August 2024.

ITEM 2

Date Window:

7 August 2024 – 11 August 2024

Requirement:

Between 7 August 2024 and 11 August 2024, the Scheme Operator will send an email (or a letter if an email address is not available) to all registered medical practitioners who were enrolled in

its scheme(s) during 2023/24 but who have not enrolled for 2024/25. The correspondence will contain, at a minimum, the content specified below.
Minimum Content: i. The Scheme Operator's records show the registered medical practitioner has not enrolled on a scheme for 2024/25. ii. The Council requires the Scheme Operator to provide a list of all registered medical practitioners who have enrolled on a scheme for 2024/25. iii. The Council will follow-up with registered medical practitioners who have not enrolled on a scheme for 2024/25.

Appendix 2: Reporting Requirements

Scheme Enrolment Reports

It is the responsibility of Scheme Operators to maintain their enrolment rates at a high level by continuously re-emphasising the requirement of enrolment to their enrolled registered medical practitioners.

Registered medical practitioners who are renewing their enrolment must do so by the deadline of 30 June each year, being 60 days after the start of the Scheme Year on 1 May. Once this deadline has been reached, the Scheme Operator will send an email reminder (or a letter if an email address is not available) to all registered medical practitioners who were enrolled in its Scheme but have not enrolled for the coming year.

Registered medical practitioners who are entered onto or restored to the register before 2 March in any Scheme Year shall enrol in a scheme applicable to their area of practise not later than 60 days after such entering or restoration.

The Medical Council will request Scheme Operators to periodically provide the MCI registration numbers of all doctors:

- who have paid the enrolment fee for its PCS
- on the PGTB's postgraduate specialist training programme(s), including those doctors who are in Out of Clinical Experience, or in an approved research or fellowship programme.

The Medical Council will circulate the date on which these reports are required in advance.

CPD Compliance Reports

The Act places a duty on the Medical Council to satisfy itself that registered medical practitioners are maintaining their professional competence on an ongoing basis (Section 91 of the Act). The mechanism for achieving this will be primarily through the scheme's verification process. The Medical Council will act only when cases of persistent non-compliance have been identified by the Scheme Operator. The Medical Council will request the Scheme Operator to notify and provide the names and IMC registration number of persistently non-compliant enrolled registered medical practitioners. The Scheme Operator will make this explicit to its enrolees.

Annual Performance Reports

1. Key Performance Indicators (KPIs)

The Scheme Operator will submit a report to the Medical Council on the following KPIs no later than 30 June each year:

1. Total number of Scheme enrolees for the Scheme Year

- General
- Specialist
- Supervised

2. Number of Scheme enrolees who recorded the required CPD activity for the Scheme Year 23/24. The MPC requirements for the Scheme Year 2023/24 were that registered medical practitioners engage in a minimum of 40 hours of CPD activities including:

    - creation of a PDP.
    - practice review.
    - work-based learning; and
    - external continuing education.

3. Number of enrolees who have not recorded the required CPD activity for the last three consecutive scheme years 2021/22, 2022/23, 2023/24 excluding any 'annotated registered medical practitioners' during that time-period.

4. Number of scheme enrolees who had their statement of participation annotated in 2023/24.

5. Number of CPD activities offered online by the Scheme Operator in 2023/24.

6. Number of scheme enrolees who are engaging in CPD activity provided by Scheme Operators relating to communication skills.

7. Number of verifications completed for the Scheme Year 2022/23.

8. Number of enrolees who were compliant with requirements following verification for the Scheme Year 2022/23.

2. Qualitative Reports

As part of the mid-term evaluation, the Scheme Operator will submit a qualitative report to the Medical Council no later than 30 June that year. The report will contain the following information, or as otherwise specified by the Medical Council:

1. General report on the operation of the Scheme for the relevant scheme year describing how the Scheme aligns with the criteria contained in the *Council's standards for the maintenance of professional competence – bodies operating Professional Competence Schemes* (see Guidelines):

    a. Standard 1: Good Professional Practice
    b. Standard 2: Leadership and Governance
    c. Standard 3: Leading and Professional Development Processes
    d. Standard 4: Management Processes

e. Standard 5: Monitoring, Evaluation, and Improvement

2. Report on measures implemented in previous scheme year(s) and outline objectives for forthcoming scheme year(s) to facilitate and manage the maintenance of professional competence of enrolees in the Scheme Operator's Scheme with specific reference to the eight themes contained in the Action Plan:

    a. Proactive messaging about Maintenance of Professional Competence (MPC) to registered medical practitioners (RMPs)
    b. Identify and manage enrolled non-compliant registered medical practitioners
    c. Professional Development Plans (PDPs) become a standard requirement for all registered medical practitioners to facilitate their MPC
    d. Facilitate enrolled registered medical practitioners to manage MPC activity: meeting and record their requirements
    e. Utilising research and evidence to improve practice
    f. Reflective Practice
    g. Relevance and quality assurance of CPD activities
    h. Tailored MPC based on registered medical practitioners' needs

3. Suggestions to improve the operation of the Scheme Operator's Scheme.

4. Report on CPD activities provided and accredited by the Scheme Operator in previous scheme year(s) against the Eight Domains of Good Professional Practice, incorporating actions to address gaps and compliance with Core Governance Criteria and Criteria for Integrity and Independence, as specified in the Guidelines.

5. Scheme Operators must demonstrate how they have actioned recommendations as requested by the Medical Council following previous year's annual report.

6. Report on financial activity relating to:
    - Income generated from scheme enrolment receipts for the previous scheme year(s)
    - Expenditure on the operation of the scheme(s) for the previous scheme year(s)
    - Income generated from the provision of Accredited CE Activity and from the accreditation of CE activity provided by a third party

    This information will be subject to audit on a periodic basis.

3. CPD Accreditation Reporting

When requested by the Medical Council, accredited CPD providers must submit a sample of the activities that they provide. When providing a sample, CPD providers must:

a) Produce and provide a report that describe lessons learned during the year and plans for change in the year ahead.

b) Provide a list of a sample of accredited activities offered by the organisation over the prior year that includes the following information for each activity:

(i) Title of the activity
(ii) Date(s) of presentation
(iii) Activity format
(iv) Number of registered medical practitioners that completed it
(v) Number of other healthcare professionals that completed the activity
(vi) Total number of credits issued for the activity
(vii) Name of the joint provider, if applicable
(viii) Whether the activity received grant support, provide
- Name of the grant supporter, if applicable
- Revenue received from
- Grants
- Exhibits
- Registration fees
- Other

c) Confirm/update staff contact information of the education provider (e.g., CEO contact, primary contact, billing contact).

d) Confirm through attestation that they—

(i) Have read any updates to accreditation policies and procedures and agree to abide by them.
(ii) Will follow current Medical Council policies and requirements.

e) Pay their annual fee, if any.

Scheme Operators must provide details of any partnership they have entered within their annual reports.

Appendix 3: Development Requirements

To fulfil their legislative obligations set out in Part 11 of the Act on Maintenance of Professional Competence (MPC), the Council will work collaboratively with the Scheme Operators to take steps to improve the operation of the scheme(s) following review. This includes supporting the following:

1. Strengthening the Framework.
2. Supporting the establishment of the Medical Council Criteria for Accredited Providers and the Medical Council Criteria to Accredit Activity provided By Non-Accredited Entity.
3. Establishing a data collection system to enable more effective and efficient monitoring of MPC compliance.

These developments will be operationalised using the provisions of paragraph 27 of the arrangements that allow appendices to be amended during the term of the arrangements.

New operational and reporting requirements may be made to Appendices 1 and 2 of the arrangements. Existing requirements may also be modified to improve the operation of the scheme(s).

Amendments to the Appendices will be formalised before the start of the Scheme Year(s) on 1 May.

Appendix 4: Dispute Resolution Process

In the event of any dispute between the Scheme Operator and the Medical Council arising out of or in connection with this arrangement, other than the specific performance of an enrolled registered medical practitioner associated with a scheme, the parties agree to resolve any dispute in accordance with the Dispute Resolution Process set out below.

Stage 1

Identification of point of dispute

↓ **Within 7 days**

Meeting between Medical Council and the recognised scheme operator to resolve the issue

↓ **Within a further 14 days**

Resolution of issue by written and binding agreement

Stage 2

In the event that the dispute is not resolved within Stage 1

↓

Further meeting between Medical Council and the recognised scheme operator to resolve the issue

↓ **Within a further 20 days following commencement of Stage 2**

Resolution of issue by written and binding agreement

Stage 3

In the event that the dispute is not resolved within Stage 2 the dispute will be referred to an agreed third party for resolution

↓ **Within a further 20 days following commencement of Stage 3**

Resolution of issue by written and binding agreement

Stage 4

In the event that the dispute is not resolved within Stage 3 it will be referred for full and final resolution to arbitration

Notes relating to process of arbitration.

The arbitrator shall be nominated by agreement between the parties.

The arbitration shall be governed by Irish law and by the provisions of the Arbitration Acts, 1954 to 1998.

The award of the arbitrator shall be final and binding on both parties.

The arbitrator shall have the power to determine all disputes arising out of or in connection with the arrangement between the parties.

Arbitration of any dispute arising out of or in connection with the arrangement shall not prevent or delay in any way performance of its obligations under this arrangement by the Council or recognised Scheme Operator in accordance with the terms of the arrangement, unless otherwise agreed between the parties.

Appendix 5: Framework for the Maintenance of Professional Competence of Registered Medical Practitioners

MEDICAL COUNCIL STANDARDS FOR MAINTENANCE OF PROFESSIONAL COMPETENCE FOR REGISTERED MEDICAL PRACTITIONERS[1]

Good Professional Practice
The registered medical practitioner maintains professional competence to achieve the outcome of good professional practice which contributes to patient safety and quality of care.

Planned on assessed needs
The registered medical practitioner plans the maintenance of professional competence based on current patient, practice and health systems needs as well as anticipated developments.

Diverse and relevant practice-based activities
The registered medical practitioner is responsible for maintaining professional competence through a diverse range of self-directed and practice-based activities relevant to assessed needs based on the **Medical Council eight domains of good professional practice** to achieve targets set out in the ***annual CPD requirements***.

Reflection and Action
The registered medical practitioner reflects on activity to maintain professional competence and takes action to ensure good professional practice that contributes to patient safety and quality patient care.

Documented and demonstrable
The registered medical practitioner collects and documents evidence to demonstrate the maintenance of professional competence.

ANNUAL CPD REQUIREMENTS

For registered medical practitioners engaged in the practice of medicine

If a registered medical practitioner has declared during the annual retention process that they will be engaged in the practice of medicine in Ireland during their period of registration, then their minimum annual CPD must include the following:

- A Plan – (up to 5 hours can be recorded for this activity)
- One practice review activity (minimum of 10 hours)
- A mix of work-based learning activities (to a minimum of 15 hours).
- Accredited continuing education activity (minimum of 20 hours)

OR

For registered medical practitioners not engaged in the practice of medicine

[1] These are the Standards referred to in Rule 4(2)(b) of the Rules

If a registered medical practitioner is based in Ireland and has declared during the annual retention process that they will not be engaged in the practice of medicine in Ireland[2]* during their period of registration, then their minimum annual CPD must include the following:

- A Plan – (up to 5 hours can be recorded for this activity)
- A mix of practice review activity or work-based learning activity (to a minimum of 25 hours).
- Accredited continuing education activity (minimum of 20 hours)

CPD ACTIVITY EXAMPLES

The examples below have been collated as a description of the range of activities which may be considered for practice review, work-based learning, and continuing education activities. This list is indicative, and it is not exhaustive. Scheme Operators may modify/expand this list based on the specific needs of registered medical practitioners enrolled on these schemes.

Practice review *Activities involving a process through which a registered medical practitioner reviews evidence relating to their practice and plans improvements.*	**Work-based learning** *Activities that promote a registered medical practitioner's learning at or through work and which are reflective in nature.*
Audit, quality improvement and/or practice evaluation	**Reflective learning from clinical and non-clinical work**

Examples:
• Audit or quality improvement project relative to their scope of practice (may be a local, regional, national, or international audit/quality improvement)
  ○ Comparing processes or patient/health care outcomes with best practice
  ○ Audit of departmental outcomes including information on where they fit within a team
  ○ Audit of performance in an area of practice measured against that of their peers
  ○ Taking an aspect of practice and comparing performance to national standards
• Review of critical incidents /significant events
• Review of compliments and complaints
• Practice visits to review registered medical practitioner's performance
• Performance appraisal
• Multisource feedback (e.g., 360 appraisals/ feedback)
• Structured feedback from colleagues/ patients/ students
• Patient satisfaction survey
	Examples:
	• Multi-disciplinary clinical activities (MDTs, MDMs)
	• Grand Rounds
	• Schwartz Rounds
	• Joint review and discussion of cases
	• Structured review of records and processes of care
	• Practice management
	• Research and scholarly activity
	• Education, teaching, training, mentoring and supervision
	• Assessment of trainees and peers
	• Organised learning activities (including journal clubs)
	• Participation on College, national or international bodies in the development of standards for clinical or non-clinical care
	• Management, policy, and advocacy
	• Internal teaching session
	• Communication training (including Open Disclosure).
	• Review of patients' unmet needs (PUN) and registered medical practitioners' educational needs (DEN)
	• Review of patient data
	• Critique of a video review of consultation
	• Reflection on health and wellbeing
	• Health, wellbeing, and staff support meetings
	• Practice management systems enhancements

[2] Registered medical practitioners who declare that they are based solely overseas and do not intend to practise medicine in Ireland during the period of registration will follow CPD requirements set in the country they reside.

• Mortality and morbidity review	• Participation in research (and education) • Participation on college or other committees that are related to clinical care, education, or research. • Participation in morbidity and mortality meetings • Examining candidates for college examinations • Research, publication and peer review for journals and texts • Working as an assessor or reviewer for the Council or PGTB

Accredited continuing education activities

Activities that include registered medical practitioners' attendance at relevant educational conferences, courses, and workshops at the local, national, and international level (clinical and non-clinical) outside of the workplace

- Presentations to scientific meetings
- Conferences/seminars – national and international
- Webinars – national and international
- Simulation-based learning
- Relevant academic qualification (for example degree, diploma or course)

This Framework is intended to highlight the minimum requirements that must be achieved by registered medical practitioners to demonstrate that they are maintaining their professional competence.

The eight domains of good professional practice

CPD activities engaged in by registered medical practitioners must incorporate the eight domains of good professional practice.

MEDICAL COUNCIL EIGHT DOMAINS OF GOOD PROFESSIONAL PRACTICE

Patient Safety and Quality of Patient Care

Patient safety and quality of patient care should be at the core of the health service delivery that a doctor provides. A doctor needs to be accountable to their professional body, to the organisation in which they work, to the Medical Council and to their patients thereby ensuring the patients whom they serve receive the best possible care and is a partner in decision making in accordance with the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Professionals.

Examples include:

- providing good clinical care
- keeping records
- prescribing drugs or treatment
- supporting self-care
- treating people in emergencies
- cultural competence.

Relating to Patients

Good medical practice is based on a relationship of trust between registered medical practitioners and society and involves a partnership between the patient and doctor that is based on mutual respect, confidentiality, honesty, openness, empathy, 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 with clinical and non-clinical colleagues and the broader public.

Examples include:

- the registered medical practitioner-patient relationship
- establishing and maintaining trust
- confidentiality
- giving information to patients about their condition
- involving relatives, carers, and partners
- giving information to patients about education and research activities
- advising patients about their personal beliefs
- assessing patients' needs and priorities.
- avoiding discrimination
- ending a professional relationship
- dealing with a difficult patient
- advertising
- dealing with adverse outcomes
- working in teams
- overseeing prescribing by other health professionals
- arranging cover
- delegating patient care to colleagues
- referring patients
- sharing information with the patient's general practitioner
- providing their contact details
- telemedicine.

Collaboration and Teamwork

Medical practitioners must co-operate with colleagues and work effectively with healthcare professionals from other disciplines and teams. They should ensure that there are clear lines of communication and systems of accountability in place among team members to protect patients.

Examples include:

- working with colleagues
- making decisions about access to medical care
- attending group or interdepartmental multidisciplinary team meetings
- providing cover for colleagues when appropriate.

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.

Examples include:

- working with colleagues
- making decisions about access to medical care.

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.

Examples include:

- teaching, training, appraising, and assessing registered medical practitioners and students.
- research
- and improving their performance.

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.

Examples include:

- raising concerns about patient safety
- responsible use of limited resources
- writing reports, giving evidence, and signing documents
- their health
- integrity in professional practice
- financial and commercial dealings
- hospitality, gifts, and inducements
- conflicts of interest
- open disclosure
- an apology.

Clinical Skills

The maintenance of professional competence in the clinical skills domain is clearly specialty-specific and standards should be set by the relevant Postgraduate Training Body[3] according to international benchmarks.

[3] For the purposes of the Guidelines, "Postgraduate Training Body" is to be understood as "scheme operator" in the context of the eight domains of good professional practice.

Appendix 6: Act 2007, Part 11, Maintenance of Professional Competence

PART 11

Maintenance of Professional Competence

Duty of Council in relation to maintenance of professional competence of registered medical practitioners.

91.—(1) It shall be the duty of the Council to satisfy itself as to the ongoing maintenance of the professional competence of registered medical practitioners.

(2) The Council shall, not later than the 1st anniversary of the commencement of this section, or such longer period as the Minister permits in writing at the request of the Council, develop, establish and operate one or more than one scheme for the purposes of performing its duty under *subsection (1)*.

(3) The Council shall, in respect of a PCS—

(*a*) review the operation of the scheme periodically, and

(*b*) may, following such a review, make recommendations to the Minister as to the steps that, in the opinion of the Council, may need to be taken to improve the operation of the scheme.

(4) The Council may, with the consent of the Minister and in accordance with the relevant criteria specified in rules made under *section 11*—

(*a*) recognise, recognise subject to conditions attached to the recognition of, amend or remove conditions attached to the recognition of, or withdraw the recognition of, a body approved under *section 88(2)(a)(i)(II)* or *89(3)(a)(ii)* with which the Council may make and carry out an arrangement with for the purposes of assisting the Council to perform its duty under *subsection (1)*, or

(*b*) refuse to recognise a body approved under *section 88(2)(a)(i)(II)* or *89(3)(a)(ii)* as a body with which the Council may make and carry out an arrangement with for those purposes.

(5) The Council shall monitor and assess the performance of bodies recognised under *subsection (4)* based on the criteria referred to in that subsection.

(6) Where, arising from the performance of its duty under *subsection (1)*, the Council considers that a registered medical practitioner—

(*a*) who, being required under *section 94(2)* to co-operate with any requirements imposed on the practitioner in rules made under *section 11*, has refused to so co-operate, has failed to so co-operate or has ceased to so co-operate,

(*b*) has contravened *section 94(4)*,

(*c*) may pose an immediate risk of harm to the public, or

(*d*) may have committed a serious breach of its guidance on ethical standards and behaviour,

then the Council shall forthwith make a complaint.

Appeal to Court against Council's decision under *section 91(4)(a)* or *(b)*.

Duty of Health Service Executive and other employers in relation to the maintenance of professional competence of registered medical practitioners.

(7) Where, arising from the performance of its duty under *subsection (1)*, the Council considers that a medical practitioner registered in the Specialist Division or the Trainee Specialist Division has been given every reasonable opportunity by the Council to improve the practitioner's professional performance but whose professional competence is found by the Council to continue to be below the standards of competence that can reasonably be expected for continued registration in the Specialist Division, or the Trainee Specialist Division, as the case may be then the Council may make a complaint.

(8) Where the Council makes a decision under *subsection (4)(a)* or *(b)*, it shall give notice in writing (accompanied by a copy of *section*

92), as soon as is practicable after making the decision, to the body the subject of the decision of—
(*a*) the decision,
(*b*) the date on which the decision was made, and
(*c*) the reasons for the decision.

92.—(1) A body the subject of a decision made by the Council under *section 91(4)(a)* or *(b)* may, not later than 21 days after the body received notice of the decision under *section 91(8)*, appeal to the Court against the decision.

(2) The Court may, on the hearing of an appeal under *subsection (1)* by a body, consider any evidence adduced or argument made, whether adduced or made to the Council.

(3) The Court may, on the hearing of an appeal under *subsection (1)* by a body—
(*a*) either—
(i) confirm the decision the subject of the appeal, or
(ii) cancel that decision and replace it with such other decision as the Court considers appropriate,
and
(*b*) give the Council such direction as the Court considers appropriate and direct how the costs of the appeal are to be borne.

(4) The Council shall, on complying with any direction given by the Court under *subsection (3)*, give notice in writing to the body concerned of the Council's compliance with the direction.

93.—(1) The Health Service Executive shall facilitate the maintenance of professional competence of registered medical practitioners pursuant to a PCS applicable to the practitioners concerned.

(2) An employer of a registered medical practitioner, not being the Health Service Executive, shall facilitate the maintenance of professional competence of registered medical practitioners pursuant to a PCS applicable to the practitioners concerned.

Duty of registered Medical practitioners to maintain professional competence. Confidentiality.

94.—(1) A registered medical practitioner shall maintain the practitioner's professional competence on an ongoing basis pursuant to a PCS applicable to that practitioner.

(2) A registered medical practitioner shall co-operate with any requirements imposed on the practitioner in rules made under *section 11*.

(3) The Council may, by notice in writing given to a registered medical practitioner whose registration does not fall within *subsection (2)* but who has given an undertaking pursuant to *section 67(1)*, require the practitioner to co-operate with such an undertaking to the satisfaction of the Council.

(4) A medical practitioner shall comply with a notice under *subsection (3)* given to the practitioner.

95.—(1) Subject to *subsections (2)* and *(4)*, a person who acquires any information by virtue of the person's performance or assistance in the performance of functions under this Act relating to any PCS shall preserve confidentiality with regard to the information and, without prejudice to the foregoing, shall not—
(*a*) disclose the information to another person except where the disclosure is necessary for such performance or assistance, or
(*b*) cause or permit any other person to have access to the information except where the access is necessary for that other person to perform or assist in the performance of functions under this Act (including the functions of any *section 20(2)* committee).

(2) Notwithstanding *subsection (1)*, the Council may disclose information—
(*a*) in the form of a summary compiled from information provided in relation to registered medical practitioners participating in a competence scheme if the summary is so compiled as to prevent particulars relating to the identity of any such practitioners being ascertained from it,
(*b*) with a view to the institution of, or otherwise for the purposes of, any criminal proceedings or any investigation in the State, or
(*c*) in connection with any civil proceedings to which the Council is a party.
(3) The Freedom of Information Acts 1997 and 2003 shall not apply to a record (within the meaning of those Acts) relating to any PCS.
(4) Nothing in this section shall be construed as prohibiting a disclosure of information pursuant to a court order.
(5) A person who contravenes *subsection (1)* shall be guilty of an offence and liable on summary conviction to a fine not exceeding €5,000 or a term of imprisonment not exceeding 6 months or both.

Appendix 7: Act 2007, Section 104

PART 13

MISCELLANEOUS

104.—(1) In any action for defamation, the following proceedings, reports and communications are absolutely privileged— Privilege.

(*a*) proceedings of a Preliminary Proceedings Committee or of the Fitness to Practise Committee under any of *Parts 7*, *8* and *9*,

(*b*) communications by the Fitness to Practise Committee under *section 67*,

(*c*) reports of the Fitness to Practise Committee under *section 69*,

(*d*) communications by the Council under *section 70*, and

(*e*) any other communication made by—

(i) a committee pursuant to any of *Parts 7*, *8* and *9* in performing a function of the committee, or

(ii) the Council pursuant to any of *Parts 7*, *8* and *9* in performing a function of the Council.

(2) Subject to *subsection (4)*, a document which relates to a medical practitioner's participation in a professional competence scheme, to the extent that it does so relate, shall not be admitted in evidence (whether by discovery or otherwise) in any civil proceedings except with the consent of the medical practitioner (in this section referred to as the "relevant consent").

(3) No witness in any civil proceedings shall be obliged or permitted to disclose, in the absence of the relevant consent—

(*a*) subject to *subsection (4)*, the contents of a document which relates to a medical practitioner's participation in a professional competence scheme to the extent that it does so relate, or

(*b*) subject to *subsection (5)*, any deliberation, in relation to a medical practitioner's participation in a professional competence scheme, of a person.

(4) Neither *subsection (1)* nor *subsection (3)(a)* shall apply in the case of a document the subject of an allegation that it has not been made in good faith.

(5) *Subsection (3)(b)* shall not apply in the case of a deliberation the subject of an allegation that it has not been made in good faith.

Appendix 8: List of Recognised Scheme Operators

The College of Anaesthetists of Ireland

The College of Psychiatrists of Ireland

Irish College of General Practitioners

Irish College of Ophthalmologists

Faculty of Occupational Medicine, Royal College of Physicians of Ireland (RCPI)

Faculty of Paediatrics, RCPI

Faculty of Pathology, RCPI

Faculty of Public Health Medicine, RCPI

Faculty of Radiologists, RCSI

Faculty of Sports and Exercise Medicine (joint collaboration between RCPI and RCSI)

Institute of Obstetricians and Gynaecologists, RCPI

Institute of Medicine, RCPI

Royal College of Surgeons in Ireland (RCSI)

Appendix 9: Related Documents

- The Medical Practitioners Act 2007
- Part 11 Rules and Associated Standards (2024)
- Domains of Good Professional Practice (Council, 2010) (as set out in more detail in the Guidelines)
- Standards for the Maintenance of Professional Competence – Bodies Operating Professional Competence Schemes (Council, 2023) (as set out in more detail in the Guidelines)
- Standards for the Maintenance of Professional Competence – Registered Medical Practitioners (Council, 2011) (as set out in more detail in the Guidelines)
- Strengthened Maintenance of Professional Competence Framework Model (Council, 2025) (as set out in more detail in the Guidelines)
- Medical Council Criteria for Accredited Providers (as set out in more detail in the Guidelines)
- Medical Council Criteria to Accredit Activity provided By Non-Accredited Entity (as set out in more detail in the Guidelines)
- Medical Council (Maintenance of Professional Competence) Rules (2025)
- Data Protection Act 2018, as amended and all regulations made thereunder
- Regulation (EU) 2016/679 (General Data Protection Regulation)
- Freedom of Information Act 2014, as amended
- The Guidelines (Council, 2025)
- The Guide to Professional Conduct and Ethics for Registered Medical Practitioners (9th edition) and any further editions which may be produced from time to time, as appropriate.
- S.I. No. 741/2011 - Medical Council - Rules for the Maintenance of Professional Competence (No. 2).