Comhairle na nDochtúirí Leighis
Medical Council

Maintenance of Professional Competence Guidelines

May 2025

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What Doctors Need to Know – at a glance

Doctors are required to:

Enrol in a professional competence scheme ('Scheme') relevant to their specialty or scope of practice.

Renew enrolment with their Scheme every year, no later than 60 days after 1 May.

Engage in 50 hours of CPD activity that relates to their specialty and scope of practice, in line with their Scheme.

Record their CPD with their Scheme and retain evidence for a period of six years.

As part of the application for annual retention of registration as a doctor, declare the relevant CPD was undertaken.

Provide the statement of participation when requested to do so by the Medical Council or Training Body operating their Scheme.

Inform their Scheme of any change of circumstances that would affect their obligations to carry out CPD within 14 days of the change taking place.

Comply with the Professional Competence Guidelines.

1. Introduction

All doctors registered in Ireland are legally required to maintain their professional competence (MPC) through engaging in lifelong learning to keep knowledge and skills up to date.

For all doctors, other than those on the Trainee Specialist Division or the register of visiting European Economic Area (EEA) practitioners, this entails annual enrolment on a Professional Competence Scheme (Scheme) and following requirements set by the Medical Council. The annual requirements are defined in the MPC Framework, which in turn is underpinned by the MPC Rules.

The MPC Framework has been updated for the scheme year of 2025/2026, with the introduction of revised MPC Rules commencing on **1 May 2025**. These Guidelines provide an overview of the new MPC Framework, describing the requirements for both doctors and the Postgraduate Training Bodies which operate the Schemes.

These Guidelines should be read in conjunction with the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Professionals (9th Edition).

About the Medical Council

As the regulatory body for doctors, the Medical Council has a statutory role in protecting the public through ensuring the highest professional standards amongst doctors practising in Ireland. Facilitating doctors to maintain their professional competence is a key aspect of how the Medical Council promotes and ensures good professional practice which is centre on patient safety and quality of patient care.

The Medical Council maintains the Register of Medical Practitioners legally permitted to carry out medical work in the Republic of Ireland. The Medical Council also sets the standards for medical education, training and lifelong learning of doctors in Ireland. It is charged with promoting good medical practice and provides professional and ethical guidance. The Medical Council also receives complaints which the public, profession and services may make against a doctor.

The Medical Practitioners Act 2007 (as amended) and Rules

The Medical Practitioners Act 2007, as amended (the 'Act')[1] provides the legislative structure for doctors' maintenance of professional competence. Part 11 section 94 of the Act states that:

- Doctors are required to maintain their professional competence on an ongoing basis pursuant to a professional competence scheme (the 'Scheme') which is applicable to their speciality and/or scope of practice. Doctors must comply with any obligations which may be set out in statutory rules made by the Medical Council in relation to the maintenance of professional competence.

[1] **All references to the Medical Council Act 2007 shall be read as a reference to the enactment as amended from time to time.**

- The Medical Council has a duty to satisfy itself that doctors are maintaining their professional competence on an ongoing basis. It is also responsible for developing, establishing, and operating one or more Scheme(s) for this purpose.
- The Medical Council may recognise bodies to operate the Schemes for doctors provided that those bodies comply with the criteria set out in the Medical Council's statutory rules on maintenance of professional competence. The Medical Council is permitted to enter into an arrangement with a body which has been recognised by the Medical Council to operate a Scheme (section 91(4) of Act).
- The Medical Council has the power to make statutory rules in relation to any Scheme (section 11(2)(x) of Act and 11(4) Act). Accordingly, the Medical Council has developed a set of statutory rules which provide for various matters in relation to the professional competence of doctors.

About this document

The Professional Competence Guidelines (these 'Guidelines') have been prepared by the Medical Council in line with its powers under section 12 of the Act to:

- Detail what doctors are expected to do to maintain their professional competence to promote patient safety and quality of care
- Set out the standards and criteria which must be met by those bodies who may be recognised to run the Schemes as well as the roles and responsibilities of such bodies
- Outline the role of the Medical Council in overseeing and quality assuring the process for maintenance of professional competence
- Inform patients and the public what doctors are expected to do to maintain their practice through continuing professional development (CPD).

These Guidelines should be read in conjunction with the Act, the MPC Rules, and the Medical Council's Guide to Professional Conduct and Ethics for Doctors. The Medical Council's Guide to Professional Conduct and Ethics for Doctors places a professional obligation on doctors to maintain, update and develop their knowledge and skills, throughout the continuum of their working life. The Guidelines will be reviewed and updated at intervals not exceeding five years to ensure that developments in the theory and practice of medicine and maintenance of professional competence are considered and incorporated where appropriate.

The MPC Framework outlined in these Guidelines has been determined by the Medical Council and was developed based on best international practice and experience and following a thorough consultation with doctors and other key stakeholders. The core components and key stakeholders within the MPC Framework are outlined in Figure 1 below. Finally, exceptions to the requirements are described in the Professional Competence Guidelines under Section 5 and Section 8, as well as the Statutory Instrument containing the *Medical Council's Maintenance of Professional Competence Rules* (2025).

Figure 1 - the MPC system in Ireland

2. What is Continuing Professional Development?

What is CPD?

Continuing Professional Development (CPD) refers to an activity or programme which serves to maintain, develop, or increase the knowledge, skills, and professional competence of doctors relevant to their scope of practise. CPD is both formal and informal and includes accredited CPD, audit, quality improvement and reflective practice undertaken by a doctor to enhance their skills, knowledge, and practice.

Why is CPD important?

The objective of CPD 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 to improve the safety and quality of care provided for patients and the public. It is essential that a CPD system continues to be an integral part of a doctor's practice experience.

Competence is defined as the knowledge, skills, attitude, and judgment to a standard reasonably to be expected of a doctor practising medicine in their scope of practice. The eight domains of good professional practice describe a structure of competencies for doctors. These are illustrated in Figure 2, with further detail on the eight domains contained in Appendix B.

Figure 2 - Eight Domains of Good Professional Practice

3. Stakeholder Responsibilities

The Role of the Medical Council

- To fulfil its duty to satisfy itself that doctors on its register are maintaining their professional competence, the Medical Council establishes one or more professional competence schemes (Scheme) and develops Rules and guidelines. The Guidelines define the framework for the maintenance of professional competence of doctors (the 'MPC Framework'), standards that bodies must comply with when operating a Scheme, and criteria to receive accreditation from the Medical Council. The Guidelines have been developed to provide consistency and promote effectiveness in the way doctors maintain professional competence and Schemes are operated.

The Role of Postgraduate Training Bodies

- Postgraduate Training Bodies are recognised by the Medical Council as being responsible for implementing the MPC Framework, through the operation of Schemes which facilitate doctors to plan, engage and record their CPD. Training Bodies have the expertise and knowledge to support doctors' maintenance of professional competence, deliver Schemes, as well as provide accredited education. Section 4 of the Guidelines provides more details on the role of Training Body in operating a Scheme.

The Role of the Employer

- Employers, both public and private (including the HSE), facilitate doctors to maintain their professional competence pursuant to a Scheme applicable to the doctors. Employers should consider how they fulfill this responsibility and how best they can support doctors on this through collaboration with stakeholders, including Training Bodies.

The Role of the Doctor

- The Act (section 94) specifies that doctors shall maintain their professional competence. Doctors are responsible for identifying their CPD needs, planning how those needs should be addressed and undertaking CPD that will support their professional ddvelopment and practice. The MPC Framework details the model and the annual minimum requirements that must be achieved and recorded to demonstrate maintenance of professional competence. While Schemes are established to facilitate a doctor's maintenance of professional competence, the responsibility for this rests with the individual doctor. Further details on doctors' obligations are highlighted in Section 7 of the Guidelines.

4. Professional Competence Schemes Scope

As defined in the Act, the Medical Council establishes one or more Schemes to facilitate doctors' maintenance of professional competence. The Schemes are the formal structures which facilitate doctors' maintenance of professional competence. The Medical Council makes Rules and specifies standards and criteria which set out the suite of requirements that the bodies must demonstrate to run the Schemes and provide accredited education. The Schemes should take into consideration the broader legislative and practice/clinical standards operating in the wider health eco system to deliver safe patient care.

The existing Schemes will continue to operate on an ongoing basis pursuant to the requirements set out in:

- The MPC 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 Doctors (9th edition) and any further editions which may be produced from time to time, as appropriate.

The Postgraduate Training Bodies operating Schemes are well placed to support doctors' maintenance of professional competence through the provision of the following:

Setting the enrolment criteria for the Scheme:	Training Bodies must set out the applicable categories and enrolment criteria for doctors to enrol in a Scheme. Doctors must apply and enrol in the Scheme which is most relevant to their education, training, demonstrated competence and current practice.
Defining and setting the specific scope of CPD activities which must be undertaken by doctors:	Training Bodies have a dual responsibility to implement the Framework and mandate, where relevant, the speciality specific CPD activities for those doctors enrolled in their Scheme, and the intervals at which these activities must be undertaken.
Providing an electronic system to record evidence of CPD activities:	This system will allow doctors to record and store evidence and monitor attainment of their annual CPD requirements.
Providing an annual statement of participation (the 'Statement'):	The Statement should provide details of the doctors' enrolment and recorded CPD. The Statement is provided to each enrolled registered medical practitioner on an annual basis after 1 May. More details are provided in section 9.
Providing guidance and tools:	Training Bodies will provide support through offering examples and guidance on various activities that doctors may pursue to implement their Continuing Professional

	Development Plans (the 'Plans'). Doctors are required to develop a Plan as part of their CPD requirements (Section 6 contains further information on planning CPD). This should include resources to facilitate enrolled doctors to maintain their professional competence as defined in the Framework.
Providing a system to verify hours claimed by a sample of enrolled doctors:	Annually, the Training Body 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. More details of the Training Body verification process are contained in section 9.
Monitoring the compliance of its enrolled doctors:	The Training Body is responsible for monitoring doctors' compliance with the requirements of the professional competence scheme, the MPC Rules (**Appendix A**), the MPC Framework (**Appendix B**) and these Guidelines. The Training Body submits reports to the Medical Council regarding the compliance of its enrolled doctors. The Training Body is obliged to notify the Medical Council when it has reasonable grounds to believe that an enrolled registered medical practitioner has persistently failed to demonstrate compliance with the requirements of the schemes, the Rules, the Framework, or these Guidelines.
Reporting to the Medical Council:	The Training Body is responsible for preparing reports regarding the operation of the professional competence scheme and the delivery of CPD (including accredited CPD) to the Medical Council on a periodic basis.
Providing and accrediting CPD activities:	Training Bodies become accredited providers of CPD as an extension of their recognition by the Medical Council to operate the Schemes. Through the recognition process, Training Bodies are required to comply with specific accreditation criteria set by the Medical Council. Further details on this are highlighted in section 10. Training Bodies may be requested by the Medical Council from time to time to ensure that CPD is provided in a specific area of practice (for example as a result of national healthcare priorities, legislation or on foot of complaints data analysis).
Being responsible for all costs associated with the provision and operation of the Scheme.	
Maintaining documentation regarding the delivery of the Scheme for a period of six years.	
Making a declaration to the Medical Council regarding Training Body's compliance with its responsibilities defined in the Rules.	

The Medical Council is also responsible for monitoring and assessing the performance of Training Bodies' compliance with standards and criteria set out in the MPC Rules on an ongoing basis. This is to assure the public and the medical profession that the structures are robust. These standards and criteria focus on the operation of the Scheme (**Appendix C**) and on the delivery of accredited CPD (**CPD Accreditation Framework**).

Oversight of the Scheme and accreditation of education is ensured through the establishment of arrangements between both parties. In accordance with section 91(4) of the Act, the Medical Council may attach conditions to recognition or withdraw recognition from a Training Body operating a Scheme when it deems it necessary.

5. Scheme Enrolment

As outlined previously, all doctors registered in Ireland are legally required to maintain their professional competence. For the majority of doctors this will entail enrolment in a Professional Competence Scheme established by the Medical Council, for the purposes of discharging its functions under the Act. Exceptions to this include doctors who are:

- Registered on the Trainee Specialist Division. The training which is being undertaken by such doctors is considered to be evidence of the registered medical practitioner maintaining their professional competence.
- On the register of visiting European Economic Area (EEA) practitioners providing services on temporary and occasional basis. It is considered that these doctors will carry out their CPD in the country in which they ordinarily provide medical services/practise medicine.
- Predominantly based overseas and working in Ireland for less than 30 days per year.

There are no exemptions for doctors working less than full-time, in a non-clinical role or retired. From a public safety perspective, it is essential that all doctors maintain their professional competence, regardless of their working arrangements.

Doctors should contact and enrol in the Scheme most relevant to their specialty and/or scope of practice. Once enrolled in a Scheme, doctors are required to undertake CPD in line with the requirements as set out in the MPC Framework (**Appendix B**).

6. CPD Categories Explained

Once enrolled in a Scheme, doctors must engage in and record 50 hours of CPD activity annually. There are four broad categories of CPD:

This section outlines these categories in further detail, while **Appendix B** provides a list of activities which can be included in each category. The Postgraduate Training Bodies operating professional competence schemes may modify or expand the list of acceptable activities based on the specific CPD needs for doctors enrolled on these schemes.

1. Planning CPD

A Professional Development Plan (PDP) is the tool provided for doctors' planning of their CPD. It is important to note that PDPs are a tool for professional development and not for performance management. A doctor's PDP should not be used by an employer, Training Body or the Medical Council to assess performance.

Engaging in activities to implement a PDP will be a self-directed process for which the doctor, and only the doctor, will be responsible. The PDP will be informed by the doctor's current and future CPD opportunities linked to their scope of practice and the wider health eco system and guided by the overall goal of improving patient safety and care. Such plans should reflect the application of the Eight Domains of Good Professional Practice.

Developing and putting the PDP in place, is a critical step in the maintenance of professional competence process. Doctors must develop and then update their PDP annually, using the guidance and tools provided by Training Bodies. Up to five hours can be recorded for this CPD activity. Training Bodies will develop guidance to assist doctors to create, develop, and review their PDP, and allocate CPD hours applying the following stages:

Stage 1

- Identifying learning and development opportunities
- Prioritising CPD based on what is esstential versus desirable, what can be achieved within resources available (accessibility, funding, time), what is most urgent versus what are more long-term goals, and consider personal, local and national agendas
- Ensuring a registered medical practitioner's CPD encompasses the Framework CPD requirements of:
  1. Planning
  2. Practice review
  3. Work-based learning
  4. Accredited CPD activity

Stage 2

- Engaging with a colleague when developing the Plan to bring fresh viewpoints and impartiality (supervisor, fellow clinician, college tutor, programme director, colleague with similar level of experience for consultants/GPs, etc.). The aim is to encourage doctors to discuss their learning objectives with a colleague.

Stage 3

- Reflection and, as required, revision

2. Practice Review

Doctors engaged in the practice of medicine must undertake a clinical audit, quality, or practice evaluation project to review and enhance practice.

- **Clinical audit** is a clinically-led quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria, and acting to improve care when standards are not met. The process involves the selection of aspects of the structure, processes and outcomes of care which are then systematically evaluated against explicit criteria. If required, improvements should be implemented at an individual, team or organisation level and then the care re-evaluated to confirm improvements."[2] Audits can be undertaken at individual, practice, speciality, hospital, or national level.
- **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. These changes or interventions are then tested on a small scale to verify whether they have achieved the predicted outcome.
- **Practice evaluation** is a systematic assessment of the performance of individual or a group of doctors by members of the same profession or team, or by patients.

[2] Source: https://www.hse.ie/eng/services/publications/national-review-of-clinical-audit-report-2019.pdf

Example practice review activities are contained in the MPC Framework (**Appendix B**). As previously stated, a Training Body may expand or modify this list based on the specific maintenance of professional competence needs for doctors enrolled on its scheme(s).

If a doctor is in any doubt as to whether they should undertake a practice review, they must seek advice from the Training Body operating their Scheme.

3. Work-based learning

Work-based learning involves doctors' reflection of their clinical and non-clinical work. When doctors participate in work-based learning they analyse and assess areas of their professional practice to gain insight on best practice and improvements where possible. Work-based learning aims to make an individual more aware of their own professional knowledge and action by 'challenging assumptions of everyday practice and critically evaluating practitioners' own responses to practice situations.

Examples of work-based learning are contained in the Framework (Appendix B). Training Bodies will modify or expand this list based on the specific maintenance of professional competence needs for doctors enrolled on these schemes.

4. Accredited CPD Activity

Accredited CPD activity includes attendance at relevant educational conferences, courses, and workshops at local, national, international level, and accredited CPD offered in the workplace. It would include clinical or non-clinical CPD. CPD activity which is used to count for a registered medical practitioner's annual CPD requirement must be accredited in Ireland or in the State where it is delivered and be considered acceptable to the Training Body as meeting international standards. Further information is contained within Section 10 of these Guidelines.

Example practice review activities are contained in the MPC Framework (**Appendix B**). As previously stated, a Training Body may expand or modify this list based on the specific maintenance of professional competence needs for doctors enrolled on its scheme(s).

7. Annual CPD Requirements

The MPC Framework developed by the Medical Council incorporates three key components. These key components, which are set out in further detail in **Appendix B**, are:

- The Standards for the Maintenance of Professional Competence for Doctors (the 'Standards')
- Annual CPD requirements
- The Eight Domains of Good Professional Practice

A. Standards for the Maintenance of Professional Competence for Doctors

The Standards consist of five elements are set out in detail in **Appendix B.**

These are:

1. Good professional practice
2. Planned on assessed needs
3. Diverse and relevant practice-based activities
4. Reflections and action
5. Documented and demonstrable

It is the responsibility of each doctor to maintain their professional competence in line with the Standards of good professional practice, as illustrated in Figure 3. The Standards do not define a curriculum for doctors to pursue, rather they provide a cyclical process for doctors to follow. The Schemes operated by Training Bodies under arrangement with the Medical Council facilitate doctors' compliance with these Standards.

As maintenance of professional competence is unique for every individual doctor, the MPC Framework is designed to be flexible, so that it can be tailored to individual practice and professional development needs.

Figure 3 - Standards for Doctors

B. Annual CPD Requirements

The MPC Framework sets out the annual requirements accrual of CPD hours across different activity categories in one scheme year. As under the previous framework, the scheme year runs from 1 May to 30 April. Doctors will maintain their professional competence in compliance with the Rules **(Appendix A)** and Framework **(Appendix B)**. This means that they must enrol in a Scheme that best reflects their speciality or area of practice. Once enrolled, they must undertake and record a minimum of 50 hours of CPD activity in each scheme year.

The CPD activities must include the following elements:

- Planning CPD
- Practice review (audit, quality improvement, and/ or practice evaluation)
- Work-based learning (reflection on clinical and non-clinical work)
- Accredited CPD (external to the workplace – local, national, and international)

The requirement to complete a practice review activity depends on whether a doctor is engaged in the practice of medicine. Guidance on this will be provided by the Training Body, while doctors should also refer to Training Body guidance on speciality-specific CPD requirements.

Doctors engaged in the practice of medicine		**Doctors not engaged in the practice of medicine**	
If a doctor has declared during the annual retention process that they will be engaged in the practise of medicine in the Republic of Ireland during their period of registration, then they must complete the following annually:		If a doctor is based in the Republic of Ireland and has declared during the annual retention process that they will not be engaged in the practise of medicine in Ireland during their period of registration, then they must complete the following annually	
A Professional Development Plan	up to 5 hours	A Professional Development Plan	up to 5 hours
One practice review activity - audit, quality improvement and/or practice evaluation	minimum of 10 hours	A mix of practice review activity (audit, quality improvement and/or practice evaluation) or work-based learning activity	minimum of 25 hours
A mix of work-based learning activity	minimum of 15 hours	Accredited CPD activity	minimum of 20 hours
Accredited CPD activity	minimum of 20 hours		

Table 1 - Doctor's Annual CPD Requirements

C. Eight Domains of Good Professional Practice

The Eight Domains of Good Professional Practice as used in other international models continues to be the preferred descriptions of competency categories. The eight domains of good professional practice set out the principles on which good practice is founded, and are summarised in **Appendix B.**

These domains describe a structure of competencies applicable to all doctors across the continuum of professional development from formal medical education and training through to maintenance of professional competence. They describe the outcomes which doctors should strive to achieve, and doctors should refer to these domains throughout the process of maintaining professional competence.

These domains must be used by doctors to assess and plan their CPD. A doctor's CPD must cover each of the eight domains of good professional practice at least once in a three-year period. Training Bodies will be able to advise doctors on how best to achieve this.

Recording and verifying CPD

Doctors must annually record and retain evidence of their completed CPD within and outside Ireland. Evidence of a doctor's CPD must be recorded on the electronic platform of the Training Body operating their Scheme. After the end of the scheme year, a percentage of enrolled doctors will be selected for verification by the Training Body to audit the recorded CPD. CPD activity and evidence which is not recorded in the electronic platform provided by the Scheme will be disregarded in the verification process. Records and evidence must be maintained for a minimum period of six years. Further information on the verification process is contained in Section 9 of these Guidelines.

8. CPD Requirement Exceptions

The Medical Council recognises that there may be circumstances where a doctor is unable to meet the CPD requirement and in those cases, the CPD hours may be reduced. In such cases, it is the responsibility of a doctor to notify their Training Body of any change to their circumstances which may affect their CPD obligations. Modified requirements may apply to the following:

Maternity, parental, carers, adoptive leave, and other forms of statutory leave and illness:

Doctors on maternity, parental, carers, adoptive, or any other form of statutory leave or who for reasons of illness, do not practise for a period of more than three months in a scheme year are not required to undertake CPD, though they are required to enrol in a Scheme. The doctor must inform the Training Body of their leave or illness in writing and provide any supporting material which may be required. The Training Body will make the necessary annotation on the doctor's Statement of Participation. Doctors are encouraged to maintain some engagement in CPD over the duration of the leave, but this is discretionary and not mandatory. When they are preparing to or when they return to practice, doctors must engage with their Training Body to discuss their learning and development needs.

Pro-Rata CPD Allocations

The Medical Council has outlined pro-rata CPD allocations as guidance for doctors who enrol in a Scheme midway during a scheme year. In such instances, the Training Body will make the necessary annotation on the doctor's Statement of Participation to reflect their enrolment.

These allocations are guidance, and doctors are encouraged to record as many CPD hours as possible. The pro-rata CPD allocations will be defined by Training Body to ensure proportionality across all four CPD categories.

Timeframe	CPD Hour requirement
Doctor is enrolled for less than 3 months into the scheme year.	12 hours of CPD activity
Doctor is enrolled for less than 6 months into the scheme year.	25 hours of CPD activity
Doctor is enrolled for less than 9 months into the scheme year.	37 hours of CPD activity

Table 2 - Pro-rata CPD Allocations

The pro-rata CPD allocations as outlined in Table 2 apply to doctors in the following situations:

1. A newly registered doctor, or doctors who are restored to the register:

Doctors who register with the Medical Council before the 2 March must enrol in a Scheme within 60 days of registering and are required to carry out their CPD proportionately to the point in the Scheme year on which their name was entered on the register. The Scheme year runs from 1 May

to the following 30 April. Doctors who register with the Medical Council after 2 March do not need to enrol until the new Scheme year commencing on the 1 May.

2. Doctors who relocate to Ireland during the scheme year:

Doctors who are already registered with the Medical Council and who relocate to Ireland during the scheme year are required to enrol in a Scheme operated by a Training Body. Such doctors will accrue CPD in proportion to the time in which they enrolled. Doctors may use part of activities undertaken overseas, including accredited CPD, within that scheme year to contribute to their CPD requirements as may be more particularly specified by Training Bodies. Doctors must record evidence of CPD activities completed overseas with the Training Body operating their Scheme.

Doctors who have undertaken CPD overseas should retain evidence of this, in order to demonstrate compliance as to the requirements of the MPC Framework. A doctor may be able to use CPD undertaken overseas to count for their CPD requirements in Ireland. The Training Body operating their Scheme will be able to determine whether this CPD can be utilised as such.

Overseas Requirements

1. Doctors who practise overseas during a scheme year:

Doctors who are registered with the Medical Council and who reside outside the State and practice medicine for less than 30 days in a Scheme year in Ireland, are not required to enrol in an Irish Scheme. Such doctors must carry out their CPD in the country where they are residing. They must make a declaration to the Medical Council to this effect when applying to retain their registration. Doctors who fall within this category must also produce evidence of the CPD carried out to the Medical Council, if requested to do so.

2. Doctors who relocate from Ireland during the scheme year:

Where a doctor who is registered with the Medical Council relocates to another country to work and is enrolled in a Scheme, the registered medical practitioner is required to:

(a) Inform the Training Body operating their Scheme in writing of plans to move overseas
(b) Complete the relevant CPD in the new country where they are practising.

Telemedicine

Doctors providing telemedicine are expected to maintain competence in their scope of practice as well as the technologies and communication skills required for telemedicine. Doctors based in the State are required to maintain professional competence in line with the MPC Framework in **Appendix B.** Related training can be part of a doctor's plan to meet mandatory CPD requirements. Further information regarding doctors' responsibilities in telemedicine can be obtained from the Medical Council's Telemedicine Guide for Doctors[3] and the appropriate Guide for Professional Conduct and Ethics[4].

[3] Medical Council Guide for Doctors regarding Telemedicine
[4] Medical Council Guide to Professional Conduct and Ethics

9. Monitoring and Managing CPD Requirement Compliance

As the regulatory body for doctors registered in Ireland, the Medical Council must satisfy itself as to the ongoing maintenance of professional competence of doctors. To do this, it establishes Schemes and makes arrangements with bodies recognised for this purpose. Doctors must co-operate with any requirements as set out in the Rules, Framework, and these Guidelines.

Training Bodies monitor and manage doctors' compliance with the requirements set out in the MPC Rules, MPC Framework, and these Guidelines on an ongoing basis. This includes an annual verification process, as well as annual analysis of amalgamated CPD records.

The Medical Council ensures that doctors' maintenance of professional competence is transparent and accountable to promote public confidence in the medical profession. Quality control is achieved through a set of checks operated by the Scheme and the Medical Council:

- Statement of Participation
- Training Body verification process
- Annual declaration to the Medical Council
- Compliance management processes

Statement of Participation

At the end of each Scheme year, the Training Body will provide each doctor with a Statement, including details of accrual of hours over the preceding five consecutive Scheme years. The Statement is evidence of a doctor's maintenance of professional competence and must be provided to the Medical Council when requested to do so.

The Statement will contain specific information as per the MPC Rules: the Scheme name, the enrolled doctor's name and registration number, the date they first enrolled, hours and categories of CPD activities recorded, whether CPD activities have been verified, and whether annotations have been applied[5].

The Statement provides transparency in relation to a doctor's maintenance of professional competence. The Medical Council may request this Statement, as evidence to satisfy itself that a doctor is maintaining professional competence.

[5] Example of an annotation: '*Extenuating circumstances have prevented doctor from recording CPD activity*'.

Verification Process

To promote confidence in these Statements, and as a quality control check, Training Bodies will periodically ask doctors enrolled in their Scheme to participate in a verification process, during which their recorded CPD will be assessed to ensure it is in line with CPD requirements.

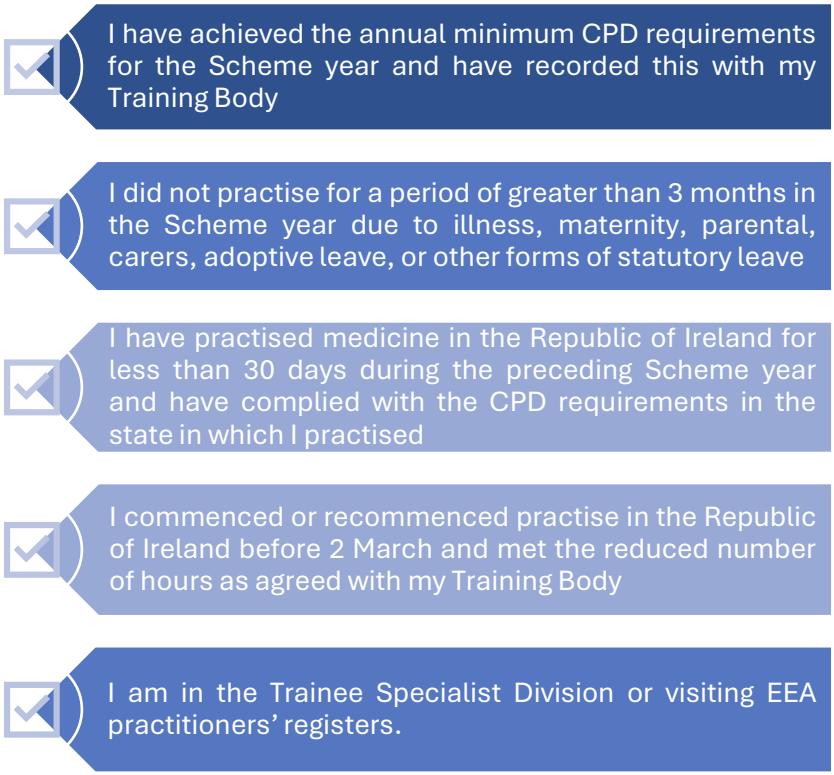
The Training Bodies undertake an annual verification process of a percentage of doctors enrolled in the Scheme. The verification process will examine all recorded activity in a doctor's electronic platform to ensure compliance with CPD requirements. Any activity records that are not supported by evidence will not be considered. Training Bodies will communicate corrective action required by enrolled doctors to address verification outcomes. Examples of good practice and learnings arising from patient safety risks identified in the verification process should be shared as a learning opportunity, taking into consideration data protection restrictions.

Annual Declaration to the Medical Council

Doctors who make an application for the annual retention of their registration are required to declare to the Medical Council that they are maintaining their professional competence. These declarations cover the preceding and current Scheme years.

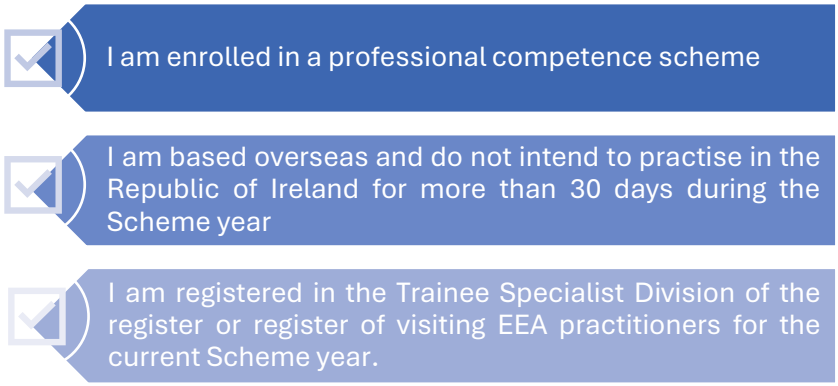
For the preceding year, doctors will be asked to declare that:

- they satisfied the minimum requirements which are set out in the MPC Framework and have recorded this with their Training Body**; or**
- they did not practise medicine in Ireland for a period of greater than 3 months during the scheme year due to illness, maternity, parental, carers, adoptive, or other forms of statutory leave; **or**
- they complied with the CPD requirements in the other state in which they practised medicine. This relates to doctors who have practised medicine in Ireland for less than 30 days during the preceding year, and who have practised medicine in another country during this time; **or**
- they have met the reduced number of hours as agreed with their Training Body if a doctor has commenced or recommenced practise in the Republic of Ireland before 2 March and had their CPD requirement reduced proportionately: **or**
- they are in the Trainee Specialist Division or visiting EEA practitioners' registers.



For the current scheme year, doctors are required to declare whether they are:

- enrolled in a Scheme; **or**
- are based overseas and do not intend to practise in Ireland for more than 30 days during the current scheme year: **or**
- registered in the Trainee Specialist Division of the register or register of visiting EEA practitioners for the current scheme year.



The Medical Council quality checks information provided by doctors against Training Body data. This may result in the Medical Council requesting further information from the doctor medical practitioner concerned, including but not limited to, the Statement. Doctors are not required to send the Medical Council their Statement of Participation or other supporting documentation unless requested to do so by the Medical Council.

Doctors who are registered with the Medical Council and are practising medicine overseas can maintain professional competence in the country in which they are based. They can do this by using an established structured maintenance of professional competence type programme in that country. If requested to do so, doctors must provide evidence that they have been maintaining their professional competence by way of an official document from an approved regulatory or training body in the country in which they are practising.

The Council may audit doctors in respect of their compliance with these Rules and Guidelines for a period of up to 5 years after the end of the relevant scheme year.

The declaration must accurately reflect the status of a doctor's maintenance of professional competence. A false or inaccurate declaration is a very serious matter and may result in a complaint under the Act being made. Doctors should liaise with the Training Body operating their Scheme in relation to any challenges or difficulties they are experiencing which may or have impacted their ability to enrol on a Scheme or complete CPD.

Compliance Management Processes

Mechanisms have been established by Training Bodies and the Medical Council where compliance concerns may arise. Training Bodies, in the first instance, will identify and support doctors who are struggling to meet the CPD requirements. Training Bodies will notify the Medical Council when a doctor is persistently non-compliant. Persistently non-compliant means that the doctor has not met the annual requirements for a period of three continuous years[6]. Where this arises, doctors will be reminded of their duty to maintain professional competence and time-bound opportunities will be provided to address compliance.

In the event of persistent non-compliance or cooperation, proportionate regulatory intervention will be triggered. Ultimately, under the Act, the Medical Council may make a complaint if it considers that the registered medical practitioner has refused, failed, or ceased to cooperate with requirements to maintain professional competence. The Medical Council can, for the purpose of ensuring compliance with these Rules, liaise with doctors to investigate any alleged breach of these Rules and, to that end, may:

- seek explanations from the doctor,
- call the doctor to a meeting, and

[6] This does not include doctors who have pro rata CPD requirements applied to one of the three years due to joining a Scheme partway through the year – further details in Section 8.

- request the doctor to give an undertaking or consent to be referred to a professional competence scheme and to undertake any requirements relating to the improvement of the doctor's competence and performance which may be imposed.

To support its monitoring functions, the Medical Council may also, at any stage, request submission of documentation relating to maintenance of professional competence. The request will specify the form of documentation to be submitted. Any registered doctor who fails or refuses to submit the documentation will be in breach of the Medical Council's Rules and the provisions of the Act relating to the maintenance of professional competence and, as such, may be the subject of a complaint under the Act.

The purpose of compliance management is to protect the public and promote confidence in the CPD system from the perspective of the public and of other doctors.

Appendices

Appendix A: Medical Council (Maintenance of Professional Competence Rules (2025)

STATUTORY INSTRUMENTS.

S.I. No. 176 of 2025

MEDICAL COUNCIL (MAINTENANCE OF PROFESSIONAL COMPETENCE) RULES 2025

S.I. No. 176 of 2025

MEDICAL COUNCIL (MAINTENANCE OF PROFESSIONAL COMPETENCE) RULES 2025

The Medical Council, in exercise of the powers conferred on it by section 11 of the Medical Practitioners Act 2007 (as amended) (No. 25 of 2007) with the consent of the Minister for Health and the Minister for Public Expenditure, Infrastructure, Public Service Reform and Digitalisation, hereby makes the following rules:

PART 1

PRELIMINARY

Citation

1. These Rules may be cited as the Medical Council (Maintenance of Professional Competence) Rules 2025.

Commencement

2. (1) Subject to paragraph (2), these Rules come into operation on 1 of May 2025.

(2) Part 2 of these Rules comes into operation on 1 of May 2025.

Definitions

3. In these Rules—

"Act" means the Medical Practitioners Act 2007 (Number 25 of 2007), as amended from time to time;

"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;

"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;

"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 Rule 14(c);

"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

Notice of the making of this Statutory Instrument was published in "Iris Oifigiúil" of 13*th May,* 2025.

ongoing maintenance of the professional competence of registered medical practitioners;

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

"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;

"Guidelines" means the document referred to in Rule 4(1);

"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;

"Rules of 2011" means the Medical Council – Rules for the Maintenance of Professional Competence (No. 1) (S.I. No. 171 of 2011);

"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;

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

"Statement of participation" means a statement produced by a scheme operator in accordance with Rule 9(3).

Guidelines

4. (1) For the purposes of these Rules, and in exercise of the powers conferred on the Council by section 12 of the Act, the Council shall prepare, adopt and publish a guidelines document ("the Guidelines") in relation to the continuing professional development to be undertaken by a registered medical practitioner during each scheme year for such minimum number of hours within a scheme year as is provided for in these Rules.

(2) The Guidelines shall include—

(a) the framework for the maintenance of professional competence that is to be attained by registered medical practitioners which shall incorporate the eight domains of good professional practice set out in the Schedule,

(b) Council's standards for the maintenance of professional competence for registered medical practitioners,

(c) Council's standards for bodies operating professional competence schemes

(d) the criteria which must be satisfied by a person, body or organisation to become an accredited provider or a scheme operator,

(e) the criteria which must be satisfied for a scheme operator or an accredited provider to accredit a CE activity.

(3) The Council shall review and update the Guidelines at intervals not exceeding five years having regard to national and international advancements in the theory and practice of medicine and continuing professional development, including relevant scientific and technical advancements and progress, and national policy in the areas of healthcare practice and in professional development and learning.

PART 2

OBLIGATIONS OF REGISTERED MEDICAL PRACTITIONERS

Application of this Part

5. This Part applies to all registered medical practitioners other than those who are—

(a) registered in the Trainee Specialist Division of the register, or

(b) registered in the register of visiting EEA practitioners and providing services on a temporary and occasional basis.

Obligations

6. (1) Subject to paragraphs (3) to (6), registered medical practitioners shall, in each scheme year—

(a) enrol in, or renew their enrolment in, a scheme applicable to their speciality or area of practice no later than 60 days after the start of the scheme year,

(b) undertake continuing professional development for a minimum of 50 hours, as set out in the Guidelines, under that scheme in that scheme year,

(c) adhere to the Guidelines in relation to the scheme in which they are enrolled, and

(d) otherwise fulfil the requirements set out in these Rules and the Guidelines.

(2) The continuing professional development referred to in paragraph (1)(b) shall comprise accredited CE activity and other continuing professional development activity, as may be more particularly defined and specified in the Guidelines.

(3) Registered medical practitioners whose names are entered onto or restored to the register on or before 2 March in any scheme year shall enrol in a scheme applicable to their area of practice within 60 days of such entering or restoration and the requirement in terms of hours referred to in paragraph (1)(b) shall, during that scheme year, be proportionately reduced for such registered

medical practitioners, as may be more particularly defined and specified in the Guidelines.

(4) Registered medical practitioners who—

(a) for reasons of maternity, parental, carers or adoptive leave, or any other form of statutory leave,

(b) for reasons of illness, or

(c) for other substantive reasons accepted by the scheme operator (including as a result of a material change, as defined in Rule 7(2), but not including retirement or semi-retirement),

do not practise medicine in the State for a period greater than 3 months during the applicable scheme year may, or in the case of non-practising practitioners are not in a position to undertake continuing professional development for such period, on due written certification to the scheme operator of that fact, be exempt from-their requirement in terms of hours referred to in paragraph(1)(b) during that scheme year as may be more particularly defined and specified in the Guidelines.

(5) Registered medical practitioners who—

(a) practise medicine for less than 30 days in the State during a scheme year, and

(b) practise medicine in a state other than the State during that scheme year,

shall comply with the applicable professional competence and continuing professional development requirements in the other state in which they are practising medicine during that scheme year and shall be exempt from the requirements referred to in paragraph (1)(a) to (c).

(6) Registered medical practitioners who, having been practising medicine in a state other than the State, commence or re-commence practice in the State on or before 2 March in any scheme year shall enrol in a scheme applicable to their area of practice within 60 days of such commencement or re-commencement and the requirement in terms of hours referred to in paragraph (1)(b) shall, during that scheme year, be proportionately reduced for such registered medical practitioners, as may be more particularly defined and specified in the Guidelines.

Material change of circumstances

7. (1) Registered medical practitioners shall inform the scheme operator of the scheme in which they are enrolled of a material change, in advance where possible and, in any event, not later than 14 days after the occurrence of the material change.

(2) For the purposes of paragraph (1), "material change" means a change to the circumstances of a registered medical practitioner's practice of medicine such as would affect their obligations under these Rules.

Annual declaration

8. Registered medical practitioners who make an application to the Council for the annual retention of their registration in the register shall, as part of such application, make a declaration to the Council that—

(a) as regards the preceding scheme year—

(i) they undertook continuing professional development activities for the minimum hours required of them, and otherwise met the requirements of these Rules and the Guidelines,

(ii) Rule 6(3) or (6) applied to them and they undertook continuing professional development for the reduced number of hours required of them, and otherwise met the requirements of these Rules and the Guidelines,

(iii) They did not practise medicine in the State for a period greater than3 months during the scheme year and Rule 6(4) applied to them,

(iv) Rule 6(5) applied to them and they complied with the applicable professional competence and continuing professional development requirements in the other state in which they practised medicine, or

(v) this Part did not apply to them pursuant to Rule 5(a) or (b), and

(b) as regards the current scheme year—

(i) they are enrolled in a scheme,

(ii) Rule 6(5) applies to them and they will undertake continuing professional development activities in the other state in which they are practising medicine, or

(iii) this Part does not apply to them pursuant to Rule 5(a) or (b).

Recording and verification of compliance with continuing professional development

9. (1) Registered medical practitioners shall cooperate with any verification process set out in the Guidelines or applied by their scheme operator, including the provision of such written records as may be required by the scheme operator or the Council.

(2) Registered medical practitioners shall record such information in relation to their continuing professional development as their scheme operator may direct.

(3) A scheme operator shall produce, in respect of each registered medical practitioner enrolled in the scheme it operates, a statement of participation containing—

(a) the name of the registered medical practitioner and the number attached to their registration,

(b) the date of first enrolment of the registered medical practitioner in the scheme,

(c) continuing professional development undertaken by the registered medical practitioner, in accordance with the framework for the maintenance of professional competence contained in the Guidelines, in the scheme years for which the registered medical practitioner has been enrolled in the scheme during the preceding 5 year period,

(d) whether such continuing professional development has been verified by the scheme operator, and

(e) a declaration where the minimum of 50 hours as set out in the Guidelines has not been achieved by the registered medical practitioner, but Rule 6(3) or (4) or (6) applies.

(4) Subject to any exceptions, a statement of participation shall be the only evidence acceptable to the Council of the continuing professional development undertaken by a registered medical practitioner.

(5) Registered medical practitioners shall retain evidence of the continuing professional development undertaken by them for the required period, including evidence of continuing professional development carried out outside the State where they are seeking to rely on same for the purposes of demonstrating compliance with the requirements of these Rules and the Guidelines, and shall submit such documentation to the scheme operator or the Council, upon request.

(6) Without prejudice to the generality of paragraph (5), and for the purpose of ensuring compliance with these Rules, the Council may liaise with registered medical practitioners to investigate any alleged breach of these Rules and, to that end, may in respect of the registered medical practitioner concerned—

(a) seek explanations from the registered medical practitioner,

(b) call the registered medical practitioner to a meeting, and

(c) request the registered medical practitioner to give an undertaking or consent to be referred to a professional competence scheme and to undertake any requirements relating to the improvement of the practitioner's competence and performance which may be imposed.

(7) 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.

(8) A scheme operator shall retain, for the required period, documentation in relation to the continuing professional development undertaken by registered medical practitioners enrolled in the scheme it operates.

(9) The Council may audit registered medical practitioners in respect of their compliance with these Rules for a period of up to 5 years after the end of the relevant scheme year.

(10) In this Rule, "required period" means the period of 6 years from the start of the applicable scheme year.

PART 3

SCHEMES, SCHEME OPERATORS AND ACCREDITED PROVIDERS

Application for recognition as scheme operator

10. (1) In order to be recognised by the Council for the purpose of section 91(4)(a) of the Act, a body shall make an application to the Council.

(2) An application under paragraph (1) shall be in writing, in such manner and form as may, from time to time, be prescribed by the Council.

(3) An application under paragraph (1) shall be accompanied by such fee as may be charged for that purpose by the Council under section 36 of the Act.

(4) An application under paragraph (1) shall set out the manner in which the body proposes to conform with the criteria referred to in Rule 11.

(5) The Council may require an application under paragraph (1) to include a declaration that the body will comply with the provisions of these Rules, the Guidelines and the arrangement.

(6) Upon receipt of an application under paragraph (1), the Council may write to the body setting out any further information or documentation it requires in order to properly consider the application.

(7) Where the Council is satisfied that a body which has applied under paragraph (1) meets the requirements of these 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.

(8) A body granted recognition under this Rule shall comply with—

(a) any conditions attaching to its recognition by the Council, and

(b) the requirements of these Rules, the Guidelines and the arrangement.

Criteria for recognition of scheme operator

11. The Council shall apply the following criteria in making decisions in relation to applications under Rule 10:

(a) the scheme which the body proposes to provide and administer shall incorporate the Council's framework for the maintenance of professional competence of registered practitioners referred to in Rule 4(2)(a);

(b) the body shall comply with—

(i) the standards referred to in Rule 4(2)(c), and

(ii) the criteria referred to in Rule 4(2)(d);

(c) the body shall satisfy the criteria referred to in Rule 4(2)(e) in respect of accredited CE activities which the body proposes to provide;

(d) the proposed fees for the scheme which the body proposes to provide and administer shall be reasonable, proportionate and evidence based, having regard to any thresholds that the Council may prescribe, from time to time.

Monitoring and assessment of performance of scheme operators

12. (1) A scheme operator's performance, and its compliance with the criteria set out in Rule 11, shall be monitored and assessed by the Council in accordance with section 91(5) of the Act and as may be more particularly set out in the arrangement.

(2) For the purpose of paragraph (1), a scheme operator shall submit to the Council—

(a) a performance report establishing compliance by the scheme operator with the criteria set out in Rule 11, at such intervals as may be prescribed by the Council in the arrangement or otherwise, and

(b) such further information or documentation as the Council may request.

Responsibilities of scheme operators

13. A scheme operator shall, as regards the scheme in respect of which it was recognised—

(a) be responsible for all costs associated with the provision and operation of the scheme,

(b) be responsible for setting the enrolment criteria for the scheme and the range of activities, including specialty specific activities, which must be undertaken by registered medical practitioners enrolled in the scheme, and the intervals at which such activities must be undertaken,

(c) monitor the compliance of its enrolled registered medical practitioners with the requirements of the scheme and of these Rules,

(d) notify the Council where it has reasonable grounds to believe that an enrolled registered medical practitioner has persistently failed to demonstrate compliance with the requirements of the scheme or these Rules,

(e) submit reports to the Council in relation to the enrolled registered medical practitioners' compliance with the scheme, in the manner and form prescribed by the Council in the arrangement entered into with the scheme operator under section 91(4)(a) of the Act,

(f) after the end of the scheme year, provide each enrolled registered medical practitioner with a statement of participation, in the manner and form set out in Rule 9(3) and as more particularly set

out in the Guidelines, in respect of their enrolment in the scheme and the accrual of hours,

(g) upon request, produce to the Council, statements of participation in respect of each enrolled registered medical practitioner, within such timeframe as may be directed by the Council, as well as such other documents or information as may be requested by Council to assess the compliance of registered medical practitioners with the requirements of these Rules,

(h) maintain copies of all documentation used in the delivery of the scheme, for a period of 6 years the start of the applicable scheme year, and

(i) comply with any reporting requirements and provide such evidence as may be specified by the Council from time to time, including in relation to accredited CE activity delivered by it or accredited CE activity delivered by a person, body or organisation referred to in Rule 14(c).

Provision of accredited CE activity

14. Accredited CE activity may be provided by—

(a) the scheme operator,

(b) an accredited provider,

(c) another person, body or organisation in collaboration with, and in accordance with the requirements of, the scheme operator or an accredited provider, provided that there is compliance with any criteria or standards which may be set by the Council from time to time.

(d) a person, body or organisation in a state other than the State, where the activity is accredited in that state and is accepted by the scheme operator as meeting applicable international standards.

Accredited providers

15. (1) A person, body or organisation which wishes to be recognised as an accredited provider shall—

(a) apply to the Council in such manner and form as may, from time to time, be prescribed by the Council,

(b) pay such fee as may be charged for that purpose by the Council under section 36 of the Act,

(c) satisfy any criteria, standards or conditions which may be prescribed by the Council from time to time for the purpose of being recognised as an accredited provider, and

(d) conform with any general or specific standards or criteria which may be prescribed by the Council, and which apply from time to time.

(2) An accredited provider shall comply with any reporting requirements and provide any evidence or information which may be specified by the Council from time to time, including in relation to any activity it accredits, and which is delivered by a person, body or organisation referred to in Rule 14(c).

PART 4

AMENDMENT, REVOCATION AND TRANSITIONAL PROVISION

Amendment

16. Rule 6 of the Medical Council – Rules for the Maintenance of Professional Competence (No. 2) (S.I. No. 741 of 2011) is amended by inserting "and shall be responsible for all costs associated with any assessment under the professional competence scheme for performance assessment" after "from time to time".

Revocation

17. The Rules of 2011 are revoked.

Transitional provisions

18. Notwithstanding Rule 18—

(a) the criteria per section 91(4) of the Act laid down in the Rules of 2011 shall continue to apply to bodies operating an existing professional competence scheme until 30 April 2025 as if not revoked,

(b) Rule 4 of the Rules of 2011 shall continue to apply as if not revoked, and Rule 8(a) of these Rules shall not apply, until 30 April 2025,

(c) Rules 5 and 6 of the Rules of 2011 shall continue to apply, as if not revoked, in respect of a registered medical practitioner's compliance with professional competence requirements applicable before 1 May 2025.

Schedule

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. Patients must be regarded as a partner in decision making in accordance with the Medical Council's Guide to Professional Conduct and Ethics.

Relating to Patients

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

Collaboration and Teamwork

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

Management (including Self-Management)

A medical practitioner must understand how working in the health care system, delivering patient care and how other professional and personal activities affect other healthcare professionals, the healthcare system and wider society as a whole.

Scholarship

Medical practitioners must systematically acquire, understand and demonstrate the substantial body of knowledge that is at the forefront of the field of learning in their specialty, as part of a continuum of lifelong learning. They must also search for the best information and evidence to guide their professional practice.

Professionalism

Medical practitioners must demonstrate a commitment to fulfilling professional responsibilities by adhering to the standards specified in the Medical Council's "Guide to Professional Conduct and Ethics for Registered Medical Practitioners".

Clinical Skills

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

L.S.

GIVEN under my Official Seal,
1 May, 2025.

SUZANNE CROWE,
President.

CIARÁN BUGGLE,
Chief Executive Officer.

EXPLANATORY NOTE

(*This note is not part of the Instrument and does not purport to be a legal interpretation.*)

These Rules provide for various matters in relation to the maintenance of professional competence of medical practitioners. They replace and revoke Medical Council – Rules for the Maintenance of Professional Competence (No. 1) (S.I. No. 171 of 2011).

BAILE ÁTHA CLIATH
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR
Le ceannach díreach ó
FOILSEACHÁIN RIALTAIS,
BÓTHAR BHAILE UÍ BHEOLÁIN,
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Appendix B: Framework for Maintenance of Professional Competence of Doctors[7] (MPC Framework)

MEDICAL COUNCIL STANDARDS FOR MAINTENANCE OF PROFESSIONAL COMPETENCE FOR DOCTORS[8]

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 doctors 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 activity (to a minimum of 15 hours).
- Accredited continuing education activity (minimum of 20 hours)

or

[7] This is the Framework referred to in Rule 4(2)(a) of the Rules

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

For doctors not engaged in the practice of medicine

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* 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. Training Bodies may modify/expand this list based on the specific needs of doctors enrolled on these schemes.

Practice Review *Activities involving a process through which 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 doctors' educational needs (DEN)
	• Review of patient data
	• Critique of a video review of consultation
	• Reflection on health and wellbeing
	• Health, well-being, and staff support meetings
	• Practice management systems enhancements
	• Participation in research (and education)

• Mortality and morbidity review	• 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 Professional Development Activities

Activities that include doctors' 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)

Doctors who declare that they are based solely overseas and do not intend to practice medicine in Ireland during the period of registration will follow CPD requirements set in the country they reside.

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

The eight domains of good professional practice

CPD activities engaged in by doctors 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 doctors 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 doctors 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 Doctors.

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[9] according to international benchmarks.

[9] 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 C: Standards for Bodies Operating Professional Competence Schemes [10]

[10] These are the standards referred to in Rule 4(2)(c) of the MPC Rules

Standard 1
Good Professional Practice
The body operates the professional competence scheme to achieve the outcome of good professional practice which contributes to patient safety and quality of patient care.

Standard 2
Leadership and Governance
The body effectively leads and governs the professional competence scheme to support good professional practice.

Criteria
2.1: The organisational structure for the body outlines clear roles, responsibilities and reporting relationships for the operation of the professional competence scheme.

2.2: The board of the body and the Medical Council receive regular reports regarding the operation of the professional competence scheme and compliance of enrolled registrants.

2.3: The body states the mission, principles and intended outcome of the professional competence scheme.

2.4: The body seeks maximum appropriate participation in the formulation of the statement of mission, principles and intended outcome of the professional competence scheme.

2.5: The body plans the professional competence scheme on an annual basis.

2.6: The body has structures and processes in place to engage stakeholders relevant to the operation of the professional competence scheme.

Standard 3
Learning & professional development processes
The body has effective learning and professional development processes for the professional competence scheme to support good professional practice.

Criteria
3.1: The body uses educational expertise to design, implement, monitor and evaluate the learning and professional development processes for the professional competence scheme.

3.2: The body has processes integral to the professional competence scheme which support the registered medical practitioner to meet the Medical Council's framework for the maintenance of professional competence of doctors (including standards for doctors) **(see Appendix B).**

3.3: The body provides or recognises content for the professional competence scheme which is diverse, evidence-based, practice-based and incorporates the domains of good professional practice; this content can be tailored by doctors to their individual needs and reflects the needs as the population and the wider health system.

3.4: The body has processes integral to the professional competence scheme which support the registered medical practitioner to collaborate with peers and other health professionals in the maintenance of professional competence.

3.5: The body uses relevant information technology to promote effective and efficient learning and professional development processes.

Standard 4

Management processes

The body has effective management processes in place for the professional competence scheme to support good professional practice.

Criteria

4.1: The body develops and implements a range of documented, authorised and current policies and procedures to support the professional competence schemes in key areas, including but not exclusive to the following:

—Enrolment, conduct and monitoring of doctors.
—Quality assurance of recognised or provided activities.
—Handling of complaints and appeals of decisions
—Information governance

4.2: The body implements procedural guidance issued by the Medical Council regarding the operation of a professional competence scheme.

4.3: The body ensures that relevant responsible individuals are trained to implement policies and procedures supporting the professional competence scheme.

4.4: The body uses relevant information technology to promote effective and efficient management processes.

4.5: The body demonstrably uses the budget for the professional competence scheme efficiently and effectively and reviews use against stated plans to achieve the mission and intended outcome.

Standard 5

Monitoring, evaluation and improvement

The body monitors, evaluates and improves the professional competence scheme to support good professional practice.

Criteria

5.1: The body uses quantitative and qualitative information from a range of sources to monitor the professional competence scheme and to evaluate the effective achievement of stated mission and intended outcome.

5.2: The body implements actions to improve the professional competence scheme in response to monitoring and evaluation; significant change is implemented in agreement with the Medical Council.