

# Medical Council MPC Rules and Guidelines Survey – PSI response

*PSI responses to the survey are provided below in italics.*

## **Introduction**

The Medical Council is holding a stakeholder consultation to obtain the views of registered medical practitioners, members of the public, individuals and organisations on the Maintenance of Professional Competence Rules and accompanying Guidelines.

The Medical Practitioners Act 2007, as amended (the “Act”) requires every registered medical practitioner (“doctor”) to maintain their professional competence through continued professional development (“CPD”). The Framework for Maintenance of Professional Competence specifies the minimum number of CPD hours doctors are required to engage in and incorporates the eight domains of good professional practice.

The current Maintenance of Professional Competence (MPC) Framework Model has been in operation since 2011. Over the last number of years, several processes pointed to the need to strengthen the MPC Framework to increase its relevance and usefulness for doctors. A Working Group convened by the Medical Council, comprising of nine members representing Postgraduate Training Bodies, the HSE’s National Doctors Training and Planning unit, Medisec, the Health Research Board project, and the Department of Health, produced a draft strengthened MPC Framework Model. The draft strengthened MPC Framework was derived following consideration by the Working Group of what already works well in the existing model and evolving international approaches to incorporate a greater emphasis on reflective CPD activities. In tandem with this work, the Medical Council engaged the Accreditation Council for Continuing Medical Education ([ACCME](#)) to develop a CPD accreditation system for doctors’ CPD in Ireland.

The development of a new Framework Model and associated CPD accreditation criteria requires a change to the Medical Council Rules for Maintenance of Professional Competence. A draft copy of the revised Rules can be found here (insert link). The Rules are accompanied by a set of Guidelines which serve to expand on and provide further clarification on the Rules. These can be found here (insert link).

This survey provides you with the opportunity to review the draft Rules for Maintenance of Professional Competence and accompanying Guidelines and give your views. The survey may take you approximately 20 minutes to complete (depending on how much you write in the free text boxes).

## **Why participate?**

This stakeholder consultation provides an opportunity for individuals and organisations to submit comments and suggestions on the Rules and associated Guidelines for consideration by the Medical Council.

## **How results are used**

Findings will be utilised from this survey to inform the Medical Council’s development of a revised Maintenance of Professional Competence Framework. Responses from this consultation process will be analysed and findings from this analysis incorporated into a survey report. Emerging suggestions from this

survey will be considered for inclusion in the Framework.

### **Is my information confidential?**

As a Data Controller, the Medical Council is subject to the requirements of the [General Data Protection Regulation](#)(GDPR) and the [Data Protection Act 2018](#). All information given in this survey will be treated in strict confidence and only used for the purpose to which you agreed to it being collected; to inform the Medical Council in its development of a revised Maintenance of Professional Competence Framework. Analysis of the dataset is conducted in-house by the Medical Council staff and participation in this survey is entirely voluntary.

The Medical Council intends to publish a Consultation Report following conclusion of the consultation processes. Organisations who make submissions will be listed in the Consultation Report as contributors to the process. We may seek verification from organisations to confirm their authorisation of submissions. Individuals who make submissions on their own behalf will not be named in the Report as contributors to the consultation process.

At the end of the survey, you will be asked whether you consent to being contacted, at a later stage in the review process, in relation to your submission. If you indicate that you consent to being so contacted, we will retain your contact details until the review process has concluded and the new Maintenance of Professional Competence Framework has been finalised.

Responses to this survey are held securely by the Medical Council for up to four years. After four years the data-set and detailed information will be securely deleted from our systems. The Consultation Report will remain on the Medical Council website, and as part of the Medical Council's report archive.

You have several rights under data protection legislation, including but not limited to, the right to access the data you have provided; the right to rectification of your data; the right to be erased from the dataset; the right to restrict or object to the processing of the data you have provided. If you would like further information on your rights as a data subject, please contact our Data Protection Officer at [dp@mcirl.ie](mailto:dp@mcirl.ie). In addition, you can contact the consultation team at [consultations@mcirl.ie](mailto:consultations@mcirl.ie) if you wish to exercise any of your rights as listed above and we would be happy to assist you.

### **Freedom of Information**

The Medical Council is subject to the [Freedom of Information Act 2014](#)(FOI Act). The FOI Act is designed to allow public access to information held by public bodies which is not routinely available through other sources, and access to the documentation and results generated, including opinions, from this survey may be sought in accordance with the FOI Act. Subject to the FOI Act, exemptions to personal data and other information will be applied as appropriate and necessary.

### **Submissions**

Please note that submissions received will not generally be responded to, but their receipt will be acknowledged at the end of the survey. Submissions will be collated with a view to informing the deliberations of the Registration and Continuing Practice Committee.

**Do you consent to participate?**

**Do you understand what this survey is for and agree to take part? (Please pick ONE of the following options)**

*Yes I understand what the consultation survey is for, how the data will be used, the confidentiality arrangements in place and I agree to take part. (1)*

**Q1 If yes: Which category best describes you:**

*Other (11)*

**Q1a If other, please describe below:**

*Healthcare Regulator*

**Q2 Are you responding on your own behalf or on behalf of an organisation?**

*Organisation (2)*

**Q2a If an organisation, please detail below:**

*PSI-The Pharmacy Regulator*

**Q3 In your opinion, do you consider that the revised Framework for Maintenance of Professional Competence demonstrates relevance to the needs of registered medical practitioners' everyday practice in their specialty?**

*Yes (1)*

## **MEDICAL COUNCIL (MAINTENANCE OF PROFESSIONAL COMPETENCE) RULES**

### **Part 1: Preliminary**

Do you think this section provides adequate information?

*Yes (1)*

**Could this section be improved?**

*Yes (1)*

**If yes, kindly provide details in the comment box below:**

- *Suggest the definition for “accredited CE activity” could be broadened further to include other types of learning activities, and could clarify that the activity has undergone accreditation (not just that the person body or organization is referred to in Rule 14).*
- *Definition for “continuing professional development” could be broadened as follows “...including but not limited to accredited CE activity and further education or training undertaken by a registered medical practitioner;”, or alternatively, the example provided could be removed.*
- *Definition of “hour” – query if it needs to be limited to consecutive minutes – e.g., somebody may undertake 30 mins of activity on the same topic at different times.*

## **Part 2: Obligations of registered medical practitioners**

**Do you think this section provides adequate information?**

Yes (1)

**Could this section be improved?**

Yes (1)

**If yes, kindly provide details in the comment box below:**

- *Suggest that wording in 6(4) could be amended for greater clarity.*
- *While it is understandable why Rule 6(5) exists (relating to those practising in another state), it may be prudent to set minimum expectations of what type of professional competence and CPD requirements would be expected in the other state to be deemed acceptable. However, appreciate that this would present difficulties in terms of consistency of approach.*

## **Part 3: Schemes, Scheme Operators and accredited providers**

**Do you think this section provides adequate information?**

Yes (1)

**Could this section be improved?**

No (2)

## **Part 4: Amendment, revocation and transitional provision**

**Do you think this section provides adequate information?**

Yes (1)

**Could this section be improved?**

No (2)

## **Your views on the effects of implementing the Rules**

**In your opinion, is implementation of the Rules likely to improve:**

**The overall operation of MPC?**

Yes (1)

**Understanding of CPD requirements for registered medical practitioners?**

Yes (1)

**Effectiveness of CPD Scheme Operators?**

Yes (1)

**Quality of CPD?**

Yes (1)

**Patient safety?**

Yes (1)

## **Final Comments**

**Please comment on your overall opinion of the Rules:**

- *Overall, the Rules appear to be comprehensive and clear, notwithstanding the feedback provided in earlier sections. One further general comment relates to the level of detail included – it may be prudent to bring the Rules up a level in some places, and refer instead to the*

*Guidelines for the detail around the operation of the system. This will provide for greater flexibility as experience and knowledge of operating the system develops over time – presumably it will be easier to update and adapt the Guidelines than seek a change to the Rules.*

## **MAINTENANCE OF PROFESSIONAL COMPETENCE GUIDELINES**

### **Section 1: Introduction**

**Do you think this section provides adequate information?**

Yes (1)

**Could this section be improved?**

Yes (1)

**If yes, kindly provide details in the comment box below:**

- *Query the need to include the section on page 5 'The Medical Practitioners Act 2007 (as amended) and Rules'. Suggest deleting this section to make the document more user friendly. The information could be provided elsewhere, for example, the relevant page of the website.*
- *At the outset, it might be useful to set out who the Guidelines are for and how they relate to the different "stakeholders", for example, the guidelines could assist patients, and the public understand what you expect doctors to do to stay up to date and improve the safety and quality of care they provide.*

### **Section 2: What is continuing professional development ("CPD")?**

**Do you think this section provides adequate information?**

Yes (1)

**Could this section be improved?**

Yes (1)

**If yes, kindly provide details in the comment box below:**

- *Would suggest the definition of CPD (pg.6) could be expanded to include other activities such as peer-to-peer learning, on-the-job learning etc.*
- *We believe there is an opportunity to highlight the overall benefits of CPD in improving the safety and quality of care provided for patients and the public. While it is important to communicate the rules and minimum expected, many registrants may find highlighting the practical benefits to their day-to-day practice of undertaking practice review activities more intrinsically motivating.*

### **Section 3: Stakeholder responsibilities**

**Do you think this section provides adequate information?**

Yes (1)

**Q80 Could this section be improved?**

No (2)

#### **Section 4: Professional Competence Schemes Scope**

**Do you think this section provides adequate information?**

Yes (1)

**Could this section be improved?**

No (2)

#### **Section 5: Scheme enrolment**

**Do you think this section provides adequate information?**

Yes (1)

**Could this section be improved?**

No (2)

#### **Q90 Section 6: CPD categories explained**

**Do you think this section provides adequate information?**

Yes (1)

**Could this section be improved?**

Yes (1)

**- If yes, kindly provide details in the comment box below:**

- *We would suggest more clarity around the planning stage for CPD highlighting that this should be guided by the overall goal of improving patient safety and care and that the eight domains of good professional practice must be used by registered medical practitioners to assess and plan their CPD.*
- *Is intended that there would be a deadline by which Plans must be created each year? If so, would be worth clarifying.*
- *Under Section D – will CE always be external to the workplace? (Perhaps what is intended here is ‘other than work-based learning?’)*

#### **Section 7: Annual CPD requirements**

**Do you think this section provides adequate information?**

Yes (1)

**Could this section be improved?**

Yes (1)

**If yes, kindly provide details in the comment box below:**

- *Opportunity to remove some duplication*

### **Section 8: CPD requirement exceptions**

**Do you think this section provides adequate information?**

Yes (1)

**Could this section be improved?**

Yes (1)

**If yes, kindly provide details in the comment box below:**

- *Perhaps it will be covered elsewhere (e.g., FAQ document), but may be worth including guidance for practitioners who change specialty during the year (and therefore may need to change the scheme they are enrolled on).*
- *Depending on how many practitioners it affects, in order to make the main document more concise for the majority of readers, it may be worth moving all of the content relating to practitioners who operate in the state for less than 30 days to a dedicated section/chapter.*

### **Section 9: Monitoring and managing CPD requirement compliance**

**Do you think this section provides adequate information?**

Yes (1)

**Could this section be improved?**

Yes (1)

**If yes, kindly provide details in the comment box below:**

- *Under Compliance Management Processes, it refers to mechanisms available to the Medical Council up to and including a complaint being made. However, we don't see any direct reference to this in the draft Rules. (Rule 9(6) references various actions that may be taken, but making a complaint is not one of them). This may be covered elsewhere but raising it for consideration if not. Would also suggest that the Guidelines would include reference to the other actions that may be taken that are referenced in the draft Rules (seek explanation, call to meeting, give an undertaking etc.)*

### **Section 10: The accreditation process**

**Do you think this section provides adequate information?**

Yes (1)

**Could this section be improved?**

No (2)

**Your views on the effects of implementing the Guidelines**

**In your opinion, is implementation of the Guidelines likely to improve:**

**Registered medical practitioners' confidence/knowledge/understanding of MPC requirements?**

Yes (1)

**Registered medical practitioners' understanding of how MPC compliance is managed and monitored?**

Yes (1) – *although as per earlier comment, there may be further clarity/alignment with the draft Rules required.*

**Registered medical practitioners' confidence in quality of CPD in relation to the CPD accreditation standards?**

Yes (1)

**Patient safety?**

Yes (1)

**Final comments - Please comment on your overall opinion of the Guidelines:**

- *Overall, the guidelines provide a good overview of how the professional competence scheme will operate and the roles and responsibilities of all the stakeholders involved in the maintenance of professional standards.*
- *While the Guidelines are comprehensive the document could benefit from being shorter and more accessible in language. We would suggest having two separate documents/sections – a short, accessible, and plain language version for medical practitioners, patients and the public and a more technical one for the Schemes and other organisations.*
- *The inclusion of a mandatory professional development plan is to be welcomed and will encourage greater self-reflection by practitioners which is one of the aims of these guidelines. It will be important as is proposed in the guidelines, that scheme operators provide clear guidance and examples of plans to ensure practitioners feel confident in creating well-structured, realistic plans.*
- *In addition, the introduction of the 'practice review' element and the 'work-based learning' elements will be beneficial in assuring greater patient safety. We would suggest that consideration be given to how the quality of practice review activities will be monitored. Will a sample of these be reviewed by the schemes?*
- *The inclusion of CPD activities that encourage audit and self-evaluation is welcomed and has the potential to be very practical and useful for registrants. Registrants will need specific guidance and support, however, to understand the relevance and usefulness of this to their practice and will also require extra support when carrying these out initially, as well as when first completing their professional development plan.*
- *The examples of CPD activities provided in appendix 2 will be helpful for practitioners.*
- *Making provisions in the draft Rules and Guidelines for registered medical practitioners on sick leave, maternity leave, and other statutory leave is a positive and progressive step, as is specifying pro-rata CPD requirements.*
- *We note that the Guidelines state that doctors 'must enrol in a Scheme that best reflects their speciality or area of practice'. Has it been considered as part of the review how non-specialist doctors such as Non-Consultant Hospital Doctors (NCHDs) or more isolated medical practitioners will be provided for, recognising that they may require additional support. We would like to highlight the General Medical Council's Fair to Refer report in this regard that found that Black, Asian and Minority Ethnic (BAME) doctors, overseas graduates, older male doctors and some non-specialist doctors are more likely than their counterparts to be referred to the GMC by employers or healthcare providers. Recommendations of the report include comprehensive support for doctors new to the UK or the NHS or whose role is likely to isolate them (including SAS doctors and locums). [fair-to-refer-report\\_pdf-79011677.pdf \(gmc-uk.org\)](https://www.gmc-uk.org/fair-to-refer-report_pdf-79011677.pdf).*

- *We consider that the eight domains could be more patient-centred, in particular the first one, and benefit from an increased emphasis on the patient as a partner in decision making.*
- *We have two queries in relation to institutional governance criteria that we suggest may warrant further consideration:*
  - ***Professionalism: operates the business and management policies and procedures of its CE programme*** – *it seems that this statement may be somewhat narrow in scope, and may not adequately describe all the ways in which a provider will apply an appropriate level of professionalism to its operations in order to achieve and maintain accreditation.*
  - ***Designed to Change: generates activities/educational interventions that are designed to change competence, performance, or patient outcomes.*** – *wondering if this should focus on alternative wording such as improvement/enhancement/development as opposed to change.*

### **The consultation process**

**To help us continue to improve the way we consult, please tell us about your experience of taking part in this consultation. How could we improve the consultation process? Kindly provide details in the comment box below:**

- *Would suggest a more realistic timeframe than 20 minutes. If someone is going to respond in a meaningful way, then they will have needed to review the draft Rules and Guidelines, and therefore a more realistic timeframe would be useful to ensure sufficient time could be set aside.*