

ICGP Professional
Competence Scheme Guide



The purpose of this guideline booklet is to outline and assist you in meeting maintenance of professional competence requirements set by the IMC (Irish Medical Council).

This booklet is designed to include all the basic information on the ICGP scheme. If you cannot find the information you are looking for, please consult the <u>FAO</u> section on the PCS page of the ICGP website.

You are also encouraged to become familiar with the *professional competence section* of the Irish Medical Council (IMC) website where you can find information on the schemes in general.

If you have any questions, comments or feedback, please feel free to contact the ICGP as follows:

Email: professionalcompetence@icqp.ie

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Telephone: +353 1- 676 3705

CONTENTS

1.	About the scheme	2
2.	Scheme Requirements	3
2A	a. CPD CATEGORIES	4
	External credit activities	4
	Examples of suitable activities	
	Recording external activities	
	Internal credit activities	
	Examples of internal credit activities	
	Recording internal credits	
	Activities which do NOT qualify for internal credits	
	Personal Learning Activities	ç
	Research and Teaching Activities	ç
2B	8. CLINICAL AUDIT	10
3.	Promoting confidence in professional competence	12
	Statement of Participation	
	IMC Audit	
	ICGP Verification Process	
4.	ePortfolio	15
5.	Eight Domains of Good Professional Practice	16
6.	Special Circumstances	17
7.	Support/ Help	20

1. ABOUT THE ICGP SCHEME

As of May 2011, doctors are legally obliged to maintain their professional competence by enrolling in professional competence schemes and following requirements set by the Medical Council. The ICGP operates a professional competence scheme (PCS) for GPs under arrangement with the Irish Medical Council (IMC).

Doctors on the IMC register who practice for more than 30 days in Ireland are required to enrol on a PCS, unless they are in a recognised training post, and comply with the following professional competence obligations relevant to their scope of practice:

- **a.** Engage in CPD activity to meet the minimum requirements (as laid out in section 2)
- **b.** Record and retain documentation relating to your maintenance of professional competence activities.
- **c.** Maintain your enrolment on a PCS by paying the renewal fee and updating your details online annually.

The ICGP provide an online ePortfolio which you can use to monitor and record your CPD activity. You are encouraged to use the facility. If you would like the CPD activity you have recorded to be reflected on your Statement of Participation, all activities should be recorded by the 30th of April each year.

2. SCHEME REQUIREMENTS

The PCS year commences 1 May and ends 30 April.

One hour of educational activity = one credit.

In order to comply with the requirements of the Scheme, as mandated by the IMC, doctors have a responsibility to achieve and record the following as a **minimum each year**:

50 CPD credits

This must include:

- 20 external credits
- 20 internal credits
- 5 personal learning credits
- Plus an additional 5 credits in any of the above categories in order to attain the minimum total of 50 credits. You can also obtain the additional credits in the research or teaching category – this category is desirable rather than compulsory.

and

· One clinical/practice audit

Link to scheme requirements

All activity must be undertaken between the 1st May and 3oth April each year.

If you are completing an activity such as your audit after the 30th April then record it in the year that you completed most of the work.

5

2A. CPD CATEGORIES

This section describes in detail the four CPD categories.

External Activities

One hour of external activity = one external CPD credit.

The IMC advise that external CPD credits can be recorded for activities relating to the maintenance of knowledge and skill. They are typically obtained by attending courses, workshops, events and elearning activity that have been recognised for CPD by a training body or another reputable organisation such as a university/academic institution within or external to Ireland.

Examples of suitable activities:

- CME small group network meetings*
- Faculty Meetings
- Conferences
- Courses
- Workshops
- Examination

- Lecture
- Medical advanced degree
- Clinical Meeting
- Online course where assessment element is included
- Seminar



All ICGP educational activity and activity recognised for CPD by ICGP are listed on the "Search Recognised Events" list in the ePortfolio. When you find the event click on "add to my ePortfolio" and then the text and all the details relating to this course will automatically be transferred to your ePortfolio record. You can take a photo of the certificate with your smart phone or iPad and attach it at the same time. Click <u>here</u> for further details on how to do this.

How to record external credits

 Certificates or other evidence of attendance or participation should be provided and attached in your ePortfolio, for all external activities recorded. Click *here* to find out how to do this.

*CME SGL meetings accrue 2 external and 2 internal credits per meeting.

- Ensure that you have recorded the correct number of CPD credits for the activity as per the certificate, or based on your actual attendance.
- The majority of activities you record must be recognised by the ICGP, another postgraduate medical training body, university or equivalent reputable institution overseas e.g. RCGP, BMJ etc.
- From time to time you may attend educational activities which have not been formally recognised. Providing you believe that they are relevant to your ongoing professional development, you can record the educational component of these activities. Engaging in CPD activity that has not received CPD recognition should be the exception rather than the norm. You can record these on the basis that one hour of educational activity = 1 credit.
- If you do not have a certificate or other supporting documentation, you should not record the activity as evidence of engagement is a necessary requirement. All event organisers should be able to provide you with a certificate so it is important that you request this.

Internal Activities

One hour of internal activity = one internal CPD credit.



The IMC describe internal credit activities as activities that develop and improve the quality of your practice. It is up to you to determine if an activity is suitable to be recorded in this category. You will know if you have had to evaluate an element of your practice and /or put changes in place to bring about a practice development/improvement.

Internal credits are not 'awarded to you' by a company or organisation but rather you allocate them to yourself and document the activity that you have considered to be internal.

Examples of internal credit activities

- CME small group network meetings*
- Case presentation/conference
- · Chart review
- Clinical club
- Clinical case discussion
- Clinical risk meeting

- Patient survey
- PCT/HSE meeting
- Peer review group
- Practice-based meeting
- Quality improvement project
- Significant event analysis
- Committee meetings**

*CME SGL meetings accrue 2 external and 2 internal credits per meeting.

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Q. How many credits can I record for participation on committees?

The PCS Committee provides the following guidance on recording CPD credits for engagement in the following activities:

- ICGP Executive
- ICGP Council
- ICGP Standing Committees
- GP Trainers
- ICGP Assessors/visits
- ICGP Examiners
- GP Training Programme Directors

- Academics
- ICGP Project Directors (e.g. Director of Women's Health, etc.)
- Representing General Practice on Committees
- GP Co-Op Committees
- Faculty Business Meetings

One internal credit can be recorded per meeting for participation in any of the above activities, up to a maximum of 6 credits per year.

If you are involved in more than one of the activities listed above, the maximum combined amount of internal credits you can record for any given professional competence year is 6 credits.

Research and teaching credits can also be recorded for any research or preparation work you engage in through your role in these activities.

Examples of recorded entries for internal credits

Here are some examples to illustrate the type of information that could be included in an internal CPD record.

Practice Meeting example: "Friday meeting / one hour internal discussion: Sexually transmitted infections.

Learning Outcomes: More aware of recent evidence on how to reduce the transmission of sexually transmitted infections and how to reduce the rate. Able to apply this knowledge in your practice."

Clinical Club: "discussed an article in the January edition of the British Journal of General Practice on Obesity; critical appraisal of the article and discussed current advice on management of obesity." Evaluating the transferability of a hospital-based childhood obesity clinic to primary care: a randomised controlled trial."

Clinical Case Discussion: "TRICKY CASES. pt presents with goitre and dysphagia and has normal tfts, retrosternal extension of multinodular goitre on ultrasound on a background of Achalsia from CREST. Incidental finding of small vessel ischaemia on a MRI brain of a 50 yr old. Discussed management plan. Also discussed other cases to get a second opinion."

Significant Event Analysis: "I was called to a psychiatric emergency which resulted in an involuntary admission. During the course of the visit there was a significant risk to the safety of the patient, myself and the public. Dr. x (principle GP) and I discussed the event and completed a significant event analysis. We planned a clinical risk meeting regarding psychiatric emergencies for the following day"

Chart Review: "Chart review on a 89 yr old pt with multiple co morbidies includes CRF, ccf, copd, AS. Needed to check interactions and safety of medication list."

Peer Review: "peer review/ clinical case discussion - abdominal pain peer review of recent cases (with Dr x) of patients presenting with abdominal pain. Discussed differential diagnoses, management and outcomes. Discussed diverticular disease, crohns and appendicitis.

9

Recording internal credits

These are the key details you need to include when recording any internal activity:

- Date of activity
- Duration
- Topics discussed and any planned action resulting from discussion
- Others present e.g. practice nurse, counsellor, pharmacist, names of other doctors in the practice present
- Minutes should be provided for any practice meetings recorded.
 There is a template provided on the <u>PCS webpage</u> which you can use if you wish. If not, you can use your own template or as a minimum record the details outlined above in the description field.
- It is not sufficient to make one generic entry to cover all internal credits. E.g. "Weekly practice meetings held to discuss patient and practice issues" recorded for 20 credits. It is acceptable to make one entry to cover several episodes of the same activity but details of each episode must be included i.e. specific topics discussed, who it was discussed with.
- Do not include any patient names or other identifying details in any of your records for professional competence.

Activities which do NOT qualify for internal credits

Reading of journals: This can be recorded under personal learning credits. However, if you read a journal article and then based on what you have learnt, you evaluate your own practice and implement changes; you can then record this for internal credits. You need to record the action you took. If you are recording this for internal credits, it is not sufficient to only give details of the journal article you read.

Attending lectures, courses or conferences: These can be recorded for external credits if they are recognised by the ICGP or similar body.

Online Tutorials: These can be recorded for personal learning credits. If there is an assessment element and a certificate is awarded upon completion, online tutorials can be recorded for external credits.

Webinars: Either in association with online tutorials or as a standalone cannot be recorded for internal credits.

Personal Learning Activities

One hour of personal learning = one PL CPD credit.

Personal learning credits can be recorded for the following activities:



- Reading Journals/articles
- E-learning
- · Learning diary
- Online searches
- Personal reading

Recording Personal Learning Credits

You do not need to keep the journal or article but it is recommended that you keep a record of the reference e.g. Forum Volume 28 Number 9 September 2011 "The direct approach to cardiac diagnostics" p25-26.

This can be recorded directly in your ePortfolio either by copying the URL or typed into the description box as suggested above. If you read the Forum online via the ICGP website it is easy to copy the ULR and add to your ePortfolio entry.

Example of how a personal learning activity could be recorded:

"Whiplash Injury - I was called to court to give evidence on behalf of a patient that sustained a whiplash injury. Before I went I decided to update my reading on whiplash injury. I read the attached articles on whiplash injury from GPnotebook and patient.co.uk. They are about how to examine a patient and manage them. I particularly found the article "Whiplash and Cervical Spine Injury" from patient.co.uk useful"

Research & Teaching Activities

One hour of research or teaching = one R&T CPD credit.

You can record credits in this category for any research or teaching work which enhances your professional development. Up to 5 CPD credits can be used towards your overall 50 CPD credit requirement.

Suggested evidence which could be supplied for research and teaching activity could be:

- Copy of notes for presentations or copy of PowerPoint
- References should be included for any published articles
- Copy of program used in the case of undergraduate teaching

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2B. CLINICAL/PRACTICE AUDIT



Audit is a quality improvement process that follows a systematic review and evaluation of activities against research-based standards. An audit is a continuous process of aiming to improve patient care and practice excellence. Hence, the purpose is as a mechanism to reflect on your practice and to document improvements as a result. In an audit, you are asking "Am I doing what I am supposed to be doing?", and therefore it assumes that standards, guidelines or evidence exists. [This is in comparison to research which asks "What should we be doing?"].

You are required to complete (a minimum of) one audit per year.

It does not need to be a 'clinical' audit. Rather the scope of your audit should be based around whatever work you are involved in and should reflect your current practice. For example, if you work primarily in teaching, then you can carry out an audit on some aspect of your teaching.

The key elements of a full audit cycle are:

- 1. Initial Measurement measuring a specific element (or elements) of your practice
- **2.** Comparison comparing the results with the recognised standard/guideline
- **3.** Evaluation reflecting on the outcome of the above and where indicated, changing your practice accordingly
- 4. Post-change Measurement re-measure the same element(s) to establish the level of improvement

The ICGP Audit Toolkit on <u>www.icgp.ie/audit</u> provides more detailed guidance on how to carry out an audit.

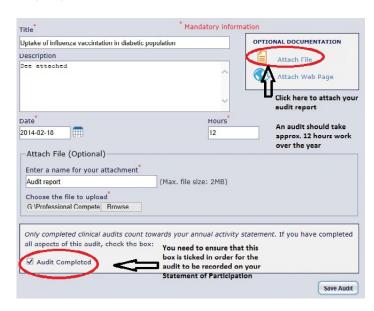
A range of useful audit examples are available on the ICGP website which have been developed by GPs. Click <u>here</u> to view audit examples.

Recording your audit

You should provide a summary of your audit as a minimum. Alternatively, you can provide your full audit report providing it does not include any patient identifiers. Remove these from the report before attaching to your ePortfolio or circulating outside of your practice.

You should include your question in the description field of the ePortfolio i.e. what were you looking to examine/compare? What was the purpose of the audit? e.g. Is smoking status recorded in patients over 35 on the combined oral contraceptive pill?

If your audit spans over 2 PCS years, you should record your audit in the year you completed most of the work.



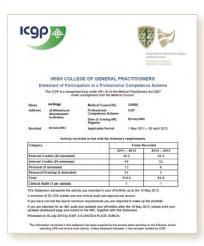
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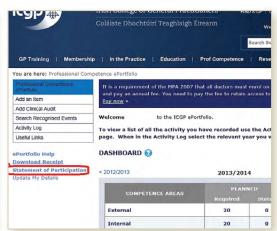
3. PROMOTING CONFIDENCE IN PROFESSIONAL COMPETENCE

Statement of Participation

The statement is a key document in the formal professional competence system and is requested by the IMC if you are selected in the random audit process. The professional competence scheme year runs from 1st May to 3oth April. At the end of this 12-month cycle, an individual statement of participation is generated for each enrolee showing the total number of credits accrued by the doctor since they enrolled on the scheme and also whether or not they have completed an audit. The statement will also indicate if the doctor has gone through a verification process and the outcome of this process.

You can access your statement when you are logged into your ePortfolio – you will see this option on the left-hand side of the page (see image below). You need to click on this option in order to open the statement. The statement is available to access at any time. The statement is updated in mid-May each year to include CPD details for the prior 12 months. The statement reflects what you have recorded in your ePortfolio as at the end of April each year.





In order to promote confidence in these statements, and as a quality control check, enrolees can be selected to take part in either or both of the following procedures:

IMC Audit

As part of the process for the annual retention of registration, doctors make a declaration regarding maintenance of professional competence. As part of their Audit, the IMC will request the statement of participation as evidence of ongoing maintenance of professional competence. More information on this process can be found *here*.

The ICGP is not made aware of the doctors who have been selected for an audit. Please call us if you are selected and would like assistance.

ICGP Verification Process

The ICGP are required by the IMC to verify the activity recorded of a random sample of 3% of enrolees on an annual basis. This is a supportive process to help enrolees identify where they may have gaps in their evidence or if they have recorded an activity incorrectly. Aggregated data on the verification process is reported to the IMC in our annual reports. Data that identifies any individual is not reported or supplied to the IMC.

The verification is conducted on the previous years recorded activity.

During the verification process the ICGP will be looking to see that the doctor has:

- Recorded the minimum number of CPD credits in their ePortfolio
- Completed a clinical audit
- Evidence to support the recorded activity

Any doctor selected for this process will be notified in advance and will have sufficient opportunity to get their records and evidence in order. If all evidence has already been uploaded to the ePortfolio, then the doctor does not need to take any further action.

Once the doctor's professional competence record has been verified, they will receive correspondence confirming the outcome of the process. Confirmation that the doctor has gone through a verification process will also be indicated on their statement of participation. If the doctor is successfully verified, they will not be verified again for at least another two years and only then if they are selected in the random sampling exercise. If the doctor is verified with corrective action required, then they will automatically be verified again the following year.

What does corrective action mean?

Corrective action means you need to increase your activity to address any shortfalls in the CPD categories mandated by the IMC. If the verification process identifies that you:

- have not addressed the minimum credits in each category we will advise that you have shortfalls that need corrective action
- have met or exceeded the minimum requirements no corrective action is required

There is no communication between the IMC and ICGP regarding an individual doctors' performance. Therefore if you are selected for an IMC audit and an ICGP verification process this is purely coincidental.

4. ONLINE ePORTFOLIO

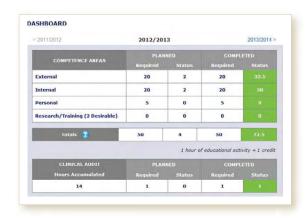
Click *here* to access the User Guide for the ePortfolio.

The easiest and most efficient way of recording your professional competence activity is by using the online ePortfolio. There are several benefits of using the ePortfolio:

- You can easily monitor your recorded activity. The total number of credits recorded is automatically tallied, as well as a total for each category so you can check if you are meeting the requirements.
- Sub-categories are provided to guide you so that you can identify if you are recording an activity in the right category.
- You can upload your evidence to the ePortfolio meaning that you do not need to keep hard copy evidence. You can access these attachments whenever you need to and this can be very useful for future reference.
- Templates are provided online for practice meetings and significant event analysis.
- You can use the 'Search Recognised Events' option to find out about upcoming courses/activities and then add these to your ePortfolio in advance.

If you would like more information on how to use the ePortfolio, please contact us and we will be happy to help you.

Video tutorials are available on the website.



If possible, you should upload all evidence to the ePortfolio. If you do not upload attachments, you are required to keep hard copy evidence on file. Evidence must be retained for the current year and the previous five years. If you are selected for the ICGP verification process, you will be asked to forward this evidence to the ICGP. In this case, you should print out your activity log for the relevant year and cross reference each entry to the corresponding piece of evidence.

Instructions on how to attach documents are available here.

5. EIGHT DOMAINS OF GOOD PROFESSIONAL PRACTICE

Maintenance of professional competence is a self-directed process, relevant to your scope of practice. The IMC define the standards of good professional practice and have described these by outlining the eight domains of good professional practice. These domains describe a framework 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 competence.

- Patient Safety and Quality of Patient Care
- Relating to Patients
- Communication and Interpersonal Skills
- Collaboration and Teamwork
- Management (including Self- Management)
- Scholarship
- Professionalism
- Clinical Skills



For more information on what is meant by each of these domains, please click *Here*

6. SPECIAL CIRCUMSTANCES

The professional competence scheme is intended to be a flexible structure enabling doctors to meet the scheme's requirements regardless of what their work situation may be.

The same requirements apply regardless of whether you are on leave or working only part-time hours. The requirements need to be met on an annual basis and if this is not possible due to leave or illness, you need to make up for any shortfall when you return to practice.

Information for specific circumstances is outlined below.

Sick Leave

If you are unable to practice for a period of time due to illness and this impacts on your ability to meet the professional competence requirements, you are required to notify the ICGP Professional Competence Team so that we can make a note of your leave on your record. If you are unable to meet the requirements because of illness you are advised to make up any deficit on return to practice. More information on this from the Medical Council can be accessed here.

Maternity Leave

The IMC guidelines state that where possible you should maintain some engagement in the maintenance of professional competence over the duration of the leave. You are also required to notify the ICGP Professional Competence Team so that we can make a note of your leave on your record. You are advised to make up any deficit in the accrual of credits for maintenance of professional competence activities on return to practice.

Doctors residing overseas

Doctors practising medicine in countries where there are already established structured maintenance of professional competence type programmes in place (e.g. Australia, Canada, New Zealand, South Africa, the United Kingdom, the United States of America) will pursue requirements to maintain competence in the jurisdiction in which they are practicing medicine.

If a doctor practices in Ireland on an occasional basis i.e. less than 30 days a year, they do not have to be enrolled in a PCS in Ireland and can instead continue to maintain professional competence in their country of practice.

However, if a doctor has engaged in the practice of medicine in Ireland for 30 or more days within a PCS year, then they must be enrolled in a professional competence scheme in Ireland. CPD activities engaged in while in another jurisdiction may be recorded for CPD purposes in Ireland. The onus is on the doctor to ensure that they participate in enough CPD activities to meet the requirements set out by the IMC.

Doctors normally resident in Ireland but planning on practicing **overseas**

All doctors registered in Ireland are legally obliged to maintain their professional competence by enrolling in professional competence schemes and following requirements set by the Medical Council. This duty applies to doctors who are registered with the Medical Council and therefore retain the right to practise medicine, regardless of whether or not they practise medicine in the State. You can engage in CPD activities while practicing overseas. If a doctor has engaged in the practice of medicine in Ireland for 30 or more days within a PCS year, then they must be enrolled in a professional competence scheme in Ireland. For more information from the IMC, please click here.

Locum doctors and doctors working in out of hours services

The same requirements apply for doctors working as locums, working in out of hours services or those with other flexible working arrangements. You are required to record 50 CPD credits across the relevant categories as well as a clinical/practice audit on an annual basis

Doctors working in these situations typically report a difficulty in achieving internal credits as well as completing an audit. For internal credits, the following options may be a means of achieving the required 20 credits:

- Form a journal club with other locum GPs or other colleagues. Relevant articles can be discussed and how they could be applied to particular cases.
- Case discussions with other doctors/ health professionals
- Chart reviews

In all of the above cases, it is important that you record the detail of what was discussed, with whom and when etc.

In terms of the audit, it does not need to be a *clinical* audit. You do not have to be based in one particular practice or have your own specific patients to carry out your audit either. Rather you should structure your audit around whatever work you are involved in. This means your work and how you practise, the patients you see or the non-clinical role you are involved in e.g. educator, mentor or board member

It is also acceptable to carry out a number of small audits or to undertake a number of audit cycles with one audit topic, especially for doctors who are doing recurrent short term locum.

Retired doctors

There are no special requirements for doctors working less than full-time, or on an occasional basis. Once registered, a doctor has the right to practise medicine. From the public perspective, the responsibility to maintain professional competence must apply to all doctors, regardless of their working arrangements. Therefore, all doctors on the register have a duty to maintain professional competence by enrolling in a professional competence scheme and engaging in maintenance of professional competence activities as defined by the IMC.

Finishing a training scheme

Once you are in a recognised training post, you do not need to enrol on a professional competence scheme as you will already be keeping your knowledge and skills up to date by virtue of your training. Once you complete your training, you are required to enrol on a scheme within 30 days of joining the register. Your professional competence requirements and your fee will be proportionate based on the date that you joined the register.

7. SUPPORT

There are several online supports available to you. If you are not comfortable with using the online supports, we can offer assistance over the phone and can also arrange a one-on-one or small group tutorial if you would like to get guided hands on experience of using the ePortfolio.

Some of the online supports available are as follows:

- Video tutorials
- Information on how to <u>upload documents to your ePortfolio</u>
- Guidance on how to carry out an audit, as well as several sample audits
- Frequently Asked Questions

You can also contact us via email: <u>professionalcompetence@icqp.ie</u> or telephone 01-676 3705.



The Irish College General Practitioners (ICGP) is the professional body for general practice in Ireland. The College was founded in 1984 and is based in Lincoln Place, Dublin 2. The College's primary aim is to serve the patient and the general practitioner by encouraging and maintaining the highest standards of general medical practice. It is the representative organisation on education, training and standards in general practice.

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