

**Advisory Committee on Emergency Medicine
Training**

**Professional Competence Scheme
For Emergency Medicine**

April 2011

Professional Competence Scheme for Emergency Medicine - April 2011

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1.0 Introduction

The Medical Practitioners Act 2007 places a statutory obligation on all registered medical practitioners to maintain their professional competence by participating in a recognised Professional Competence Scheme. Section 11 of the Act, which relates to Professional Competence Schemes, was signed into law by the Minister for Health and Children on May 5th 2010. The Act states that registered medical practitioners must be registered with a Professional Competence Scheme (PCS) within 12 months of the date of signing.

The Professional Competence Steering Committee of the Medical Council has provided a broad framework for Professional Competence Schemes and training bodies have been asked to develop speciality-specific schemes within this framework. Any subsequent substantive change to a PCS must be agreed with the Medical Council.

This PCS for Emergency Medicine (EM) has been developed by the Advisory Committee on Emergency Medicine Training (ACEMT). At present, the Royal College of Surgeons in Ireland is the training body recognised by the Medical Council under whose auspices EM falls. ACEMT is a subcommittee of the Irish Surgical Postgraduate Training Committee of the RCSI and has responsibility for the organisation and delivery of EM training in Ireland.

2.0 Aims of the Professional Competence Scheme

- 2.1 To enable individual doctors to maintain and improve standards of medical practice through the development of knowledge, skills, attitudes and behaviour
- 2.2 To support specific changes in practice
- 2.3 To enable doctors to respond to new challenges from scientific developments in medicine

3.0 Participants in the Professional Competence Scheme

All medical practitioners registered in the Specialist or General divisions of the Register are required to participate in a PCS. This includes doctors in the following categories:

- 3.1 Consultants in Emergency Medicine
- 3.2 Other doctors practising Emergency Medicine e.g. Senior House Officers (SHOs) or Registrars not on a recognised training programme, Associate Emergency Physicians etc

The only doctors working in Emergency Medicine not required to participate in a PCS are those on the Trainee Specialist division of the Register i.e. doctors in training.

4.0 Governance of the Professional Competence Scheme

As RCSI is the training body recognised by the Medical Council under whose auspices EM falls, doctors participating in the PCS for EM must register with the RCSI PCS.

The PCS for EM scheme has been developed by ACEMT in collaboration with the Department of Surgical Affairs at the RCSI. RCSI's Surgical Service and Practice Sub-Committee (SS&PS) is responsible for the development and establishment of the RCSI's CPD systems and EM is represented on this Sub-Committee.

The PCS for Emergency Medicine will be under the direction of ACEMT, working with the Department of Surgical Affairs and the Surgical Service and Practice Sub-Committee.

5.0 Framework for the Professional Competence Scheme

The Professional Competence Steering Committee of the Medical Council has recommended that a PCS should consist of three elements:

1. Continuing Professional Development (CPD)
2. Audit
3. Multi-Source Feedback (MSF)

MSF has yet to be confirmed as a component, pending review of a Medical Council pilot. On that basis, at the outset the PCS will comprise **CPD** and **Audit** only.

6.0 Continuing Professional Development

6.1 CPD Categories

CPD is recognised in four categories, three of which are mandatory and one recommended.

Category 1 External CPD – Maintenance and development of knowledge and skills (Mandatory)

Category 2 Internal CPD – Practice evaluation and development (Mandatory)

Category 3 Personal learning (Mandatory)

Category 4 Research & Teaching (Recommended)

Appendix 1 outlines examples of activities in each category.

6.2 CPD Requirements

To achieve compliance, a practitioner is required to earn at a minimum:

50 credits per year

250 credits per five year cycle

Broken down as follows:

External – 20 credits per year minimum

Internal – 20 credits per year minimum

Personal Learning – five credits per year minimum

Research or Teaching – two credits per year desirable

Accumulated credits must be balanced within the five year cycle. Practitioners are encouraged to balance credits by the 30 month mark.

CPD credits will generally be calculated as one credit per one hour of activity. To ensure balanced CPD there is a limit on CPD credits for particular activities over a five year cycle (Appendix 2).

6.3 Recording CPD

Practitioners participating in the EM PCS must have a suitable method of recording, storing and retrieving CPD activity. RCSI has developed an on-line CPD recording facility that registrants in its various PCS schemes should use to record their CPD and audit activity.

Recording personal learning CPD

Much personal learning e.g. journal reading is unverifiable. Doctors claiming credit for this type of activity can record and submit a reflective narrative of the activity on the specified form (Appendix 3). This form will be available for download on the 'Professional Competence Scheme' subsection of the IAEM website's 'Training' section (www.iaem.ie) and the Emergency Medicine section of the RCSI website (www.rcsi.ie). As the PCS site develops, it is hoped to facilitate direct on-line recording.

Other facets of personal learning, e.g. e-learning, should be supported by relevant certificates.

6.4 Verification of CPD

Recording of CPD activity should be supported by evidence of the activity, where possible. Such evidence should either be uploaded electronically to the PCS site or stored in a dedicated CPD folder. Such documentation must be produced in the event of an audit. Failure to produce documentary evidence will result in the relevant CPD credits being discounted.

Appendix 4 outlines examples of documentary evidence of CPD.

7.0 Audit

7.1 Definition

Clinical audit is recognised as having four elements:

1. **Measurement** – measuring a specific element of clinical practice
2. **Comparison** – comparing results with the recognised standard (in circumstances where comparison is possible)
3. **Evaluation** – reflecting on outcome of audit and changing practice accordingly
4. **Re-audit** – completing the audit cycle

7.2 Requirements

All registered medical practitioners are expected to complete one audit exercise annually. It is recommended that doctors spend at least one hour per month in audit activity.

Audit may relate to personal, departmental, hospital, regional or national practice. Engagement with national audit programmes is encouraged.

It is recognised that the audit structure for Ireland will change over the coming years and the scheme will need to be adapted to reflect these

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changes. Over time practitioners will be able to measure outcomes as determined by National Clinical Programmes currently being developed by the HSE Directorate for Clinical Strategy & Programmes.

7.3 Recording and verification

Documentary evidence of audit activity should be collated and stored. This evidence will be needed to establish compliance with the PCS.

In the absence of formal documentation e.g. evidence of participation in a national audit program, practitioners can record their audit activity on a specific form (Appendix 5). The form outlines the elements of the audit activity as outlined in 7.1 above. This form will be available for download on the 'Professional Competence Scheme' subsection of 'Training' on the IAEM website (www.iaem.ie) and the Emergency Medicine section of the RCSI website (www.rcsi.ie). As the PCS site develops, it is hoped to facilitate direct on-line recording.

8.0 Operation of the Professional Competence Scheme

8.1 Registration

All eligible doctors must register with the scheme by completing the on-line registration process (www.rcsi.ie/pcs) either at the instigation of the scheme or, thereafter, at the time they become eligible e.g. on completion of the Higher Specialist Training programme.

8.2 Fee

The annual registration fee is €275, payable upon registration. This fee has been set by the Medical Council. A reduced fee (€175) applies to Fellows and Members of RCSI in good standing.

8.3 Annual returns

Participants in the scheme will be reminded electronically to submit returns outlining their CPD (internal, external, personal learning and research/education) credits and record of audit activity each year. This allows identification of doctors who may be having difficulty achieving CPD targets (less than 40 CPD credits per year).

8.4 Five-yearly returns

The PCS runs over a five year cycle and, at the end of the fifth year, participants will need to submit evidence to the Medical Council that the requirements have been met. RCSI will issue annual records of CPD to those registered on its PCS.

9.0 Confidentiality

Participants' CPD records are only accessible to the individual doctor and to the appropriate officers in RCSI.

Section 95 of the 2007 Medical Practitioners Act provides for the confidentiality of information disclosed as part of a professional competence scheme. The Medical Council may disclose information in summary form which prevents the identity of individual practitioners being ascertained for the purposes of criminal proceedings or investigations or for the purposes of civil proceedings to which the Medical Council is a party.

Section 95(3) specifically provides that the Freedom of Information Acts 1997 and 2003 shall not apply to a record relating to any PCS.

10.0 Support and Remediation

Participants in the PCS who anticipate that they may experience difficulty meeting any of the requirements of the scheme are encouraged to contact ACEMT for support.

ACEMT will provide a comprehensive and supportive remediation process for EM practitioners who have requested remediation or in whom the PCS process has identified a need for remediation or have been referred by the Medical Council to ACEMT for remediation.

11.0 Appeals Process

The Medical Council has an appeals process for all PCSs. ACEMT will provide expertise when requested to support this appeals process.

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Appendix 1 – CPD categories and example activities

Category	Example Activities	Credits
<p>External <i>(Maintenance of Knowledge and Skills)</i></p> <p>Events/activities accredited by Training Bodies that meet educational standards (in person or virtually)</p>	<ul style="list-style-type: none"> - International/National meetings - College/Society meetings - Courses accredited by Training Body - Medically related advanced degrees* - Online Courses ** 	<p>20 credits minimum per year 100 credits minimum per cycle</p>
<p>Internal <i>(Practice Evaluation & Development)</i></p> <p>Activities that develop and improve the quality of clinical practice</p>	<ul style="list-style-type: none"> - Clinical clubs - Morbidity and Mortality Meetings - Clinical Risk Meetings - Case Presentations - Chart Reviews - Grand Rounds - Multi-disciplinary meetings - Peer Review Groups <p><i>Practitioners will be expected to present an aspect of their practice during one of the above activities within the five year cycle.</i></p>	<p>20 credits minimum per year 100 credits minimum per cycle</p>
<p>Personal Learning***</p>	<ul style="list-style-type: none"> - Journals - Journal clubs - E-Learning 	<p>5 credits minimum 25 credits minimum per cycle</p>
<p>Research or Teaching</p>	<ul style="list-style-type: none"> - Accredited Postgraduate Trainer - Lectures - Examiner for Postgraduate Training Body - Publishing articles - Poster presentation - National Standards Development - Question setting**** 	<p>2 credits per year desirable 10 credits per cycle desirable</p>

Appendix 2 – Limits on CPD credits in certain areas

- Formal presentation of paper/poster = 5 credits; maximum 15/year
- Teaching on university course: maximum 25 credits/year
- Research degrees; maximum 25 credits/year
- Examining higher medical degrees (theses) = 3 credits per thesis: maximum 9 credits/year
- Editorial activities/refereeing papers = 1 credit per hour; maximum 15/year
- Examination work = 1 credit per hour preparatory work; maximum 15/year
- Examining = 5 credits per day; maximum 20/year
- Publications = 5 credits per publication; maximum 15/year
- Life Support courses: maximum 10 per each type of course. If you instruct on more than one type of course, the maximum is five per course type; Total maximum credits per year = 20 credits/year
- Work- based training and assessment: maximum 15 credits per year
- Any lecture performed more than once in a five year cycle can only be counted once

Appendix 4 – Examples of documentary evidence of CPD

- Attendance certificates/registers for local/national/international educational meetings/courses
- E-learning self assessment certificates
- Attendance at examination as an examiner (e.g. exam timetable)
- Programmes of meetings if there are no attendance certificates
- Copies of proposals written for specific committees
- Copies of meeting agendas
- Protocols written
- Copies of papers and abstracts presented
- For Life Support Course instructing – copies of the course programme
- Research grants
- List of papers refereed
- Programmes of courses on which you have lectured
- Medically Related Advanced Degrees – copy of diploma or final transcript
- Research - Copy of published article's first page
- Poster Presentation - Copy of page from conference proceedings that lists the poster abstract and identifies the presenter
- Postgraduate Trainer/Examiner/Question Setting - Confirmed by relevant training body
- Self accreditation with documented reflective learning (Appendix 3)

Appendix 5 – Form for recording audit activity

Professional Competence Scheme for Emergency Medicine Form for recording audit activity
Title of audit:
Date of audit (month(s) and year):
Please provide a brief description of the audit under the headings Measurement (aspect of practice to be measured), Comparison (standard used and results of comparison), Evaluation (e.g. intervention to change practice) & Re-audit (closing the audit loop).

Signature of doctor detailing audit activity I certify that the description of my audit activity above is accurate: Signed: _____ Print name: _____ Date: _____
