



Comhairle na  
nDochtúirí Leighis  
Medical Council

# Updates to annual Continuing Professional Development requirements under the Maintenance of Professional Competence Framework

Information booklet for Doctors

May 2025



# Overview: Updates to annual Continuing Professional Development (CPD) requirements

The Medical Council is the regulatory body for doctors registered in Ireland. The Council's purpose is to protect the public by promoting and better ensuring high standards of professional conduct and professional education, training and competence among doctors. Maintenance of professional competence (MPC) is a key aspect of driving good professional practice which is centred on patient safety and the quality of patient care.

All doctors registered in Ireland are legally obliged to maintain their professional competence by engaging in lifelong learning to keep their knowledge and skills up to date. For all doctors, other than those on the Trainee Specialist Division and those on the register of visiting European Economic Area (EEA) practitioners, this entails annual enrolment on a Professional Competence Scheme (PCS).

The MPC Framework is being updated for the coming Professional Competence Scheme year (2025/2026), with the introduction of revised MPC Rules on 1 May 2025.

The MPC Framework outlines the requirements by which doctors registered in Ireland must comply with.

This document provides information as to the key differences between the current and forthcoming requirements of Continuing Professional Development activity that doctors will be required to complete.



# What doctors need to know about the updated MPC Framework

## Current CPD Requirements (2024-2025 Scheme Year)

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- As under the current MPC Framework, all doctors registered in Ireland, except for those on the Trainee Specialist Division and those on the register of visiting EEA practitioners, must enrol on a Professional Competence Scheme (PCS) relevant to their speciality or scope of practice which begins on 1 May and ends on 30 April each year. Though the requirement to enrol in a scheme remains the same, the new MPC Framework revises the number of hours of CPD activity which doctors must record each year, as well as the categories that constitute the hours of required CPD activity.
- Doctors must record a **minimum of 50 hours** of CPD activity across several categories, **alongside an audit** which should typically require 10-12 hours for completion. This results in an annual requirement of **approximately 60 hours** of CPD and audit activity for doctors to complete each scheme year. It is not possible to accrue a surplus of hours for use during the following scheme year.
- It is important to note that over the past five scheme years, these annual requirements were temporarily revised due to the impact of the Covid-19 pandemic. For the 2024/2025 scheme year, doctors were required to complete 40 CPD credits and an audit - resulting in a total figure of approximately 50 hours.

## CPD Requirements under the new MPC Framework (2025-2026 Scheme Year)

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- Under the new MPC Framework, doctors will be required to record a **minimum of 50 hours** of CPD activity each year. Doctors are still required to complete a practice review activity each year, though this is included within the **total figure of 50 hours** of CPD activity.
- There have been revisions to the categories of CPD activity, while pro-rata provisions for doctors who enrol midway during a scheme year are also included.
- The new MPC Framework distinguishes between practising and non-practising doctors and the type of CPD activity they need to undertake.
- Doctors must retain this evidence for a period of six years.

A summary graphic of key differences between the current and new frameworks is presented in Figure 1 overleaf, while the requirements under the new MPC Framework are presented in more detail in the subsequent pages.

# Key differences between current and new MPC Framework

| Requirements under the 2011 Maintenance of Professional Competence Framework   | Requirements as of the 1st of May 2025 under the 2025 Maintenance of Professional Competence Framework   |
|--|--|
| Doctors are required to enrol in a Professional Competence Scheme  | Doctors must enrol in a Scheme within 60 days of commencement of scheme year on 1 May  |
| A registered medical practitioner must engage in 50 CPD credits plus a clinical audit. As noted previously, these requirements were temporarily reduced due to the impact of Covid-19, with requirements for the scheme year 2024/25 being 40 CPD credits and an audit | A registered medical practitioner must engage in 50 hours of CPD which includes a practice review  |
| Professional Development Plan is advised but not mandatory   | Professional Development Plan is a mandatory CPD activity requirement  |
| Audit requirement only refers to a clinical or practice audit  | A new CPD category called 'Practice Review' has been created to denote engagement in audit, quality improvement and practice evaluation  |
| All registered medical practitioners must complete a clinical or practice audit  | Only registered medical practitioners who practise medicine are required to complete 10 hours of practice review activity which includes audit, quality improvement or practice evaluation |
| CPD requirements set out internal, personal and research/teaching CPD categories   | A new CPD category known as Work-based Learning has been created which encompasses aspects of internal, personal and research/teaching CPD   |
| Registered medical practitioners must engage in 20 hours of external continuing education activity   | Registered medical practitioners must engage in 20 hours of CPD activity which has been accredited   |
| Registered medical practitioners should refer to the Eight Domains of Good Professional Practice throughout the process of maintaining competence  | Registered medical practitioners must cover each of the Eight Domains of Good Professional Practice at least once in a three-year period   |
| Provisions for registered medical practitioners on sick leave and maternity leave in Medical Council policy but not specified in MPC Rules   | Pro-rata provisions have been made for registered medical practitioners on sick leave, maternity leave, and other statutory leave in the Maintenance of Professional Competence Rules      |
| Pro-rata CPD activity requirements are not specified   | Pro-rata CPD activity requirements are specified   |
| Registered medical practitioners are advised but not obligated to notify their Scheme of any changes to their circumstances  | Registered medical practitioners are required to notify their Scheme of any material changes to their circumstances  |
| CPD activity document retention not specified  | Registered medical practitioners are required to retain evidence of their CPD activity for 6 years   |

Figure 1 - Key differences between current and new MPC Framework

# Doctors' CPD requirements under new MPC Framework

| 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: |                     |
| <b>A professional development plan</b>   | up to 5 hours       | <b>A professional development plan</b>   | up to 5 hours       |
| <b>One practice review activity - audit, quality improvement and/or practice evaluation</b>  | minimum of 10 hours | <b>A mix of practice review activity (audit, quality improvement and/or practice evaluation) or work-based learning activity</b>   | minimum of 25 hours |
| <b>A mix of work-based learning activity</b>   | minimum of 15 hours | <b>Accredited CPD activity</b>   | minimum of 20 hours |
| <b>Accredited CPD activity</b>   | minimum of 20 hours |  |                     |

**Table 1** - Annual CPD activity requirements under the new MPC Framework

# Four categories of CPD under the new MPC Framework

All doctors enrolled on a Professional Competence Scheme must engage in and record 50 hours of CPD activity annually, with these hours to be conducted and distributed across a variety of activity types and learning methods. There are four broad categories of CPD within the new MPC Framework. An overview of each category is provided below, while further detail regarding the categories of CPD is presented in Appendix 1 at the close of this document.

## 1 Planning CPD (maximum of 5 CPD hours)

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**Doctors must complete a Professional Development Plan (PDP). A PDP is a useful tool for doctors to reflect and capture their CPD needs and objectives for the coming scheme year. It is important to note that PDPs are a tool for professional development and not for performance management.**

Doctors must develop and then update their PDP annually, using the guidance and tools provided by their Professional Competence Scheme. Engaging in activities to implement the PDP will be a self-directed process for which only the individual doctor will be responsible. PDPs should also incorporate of the **Eight Domains of Good Professional Practice**.

## 2 Practice Review (minimum of 10 CPD hours)

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**Doctors engaged in the practice of medicine must undertake a clinical audit, quality improvement, or practice evaluation project to review and enhance practice. If a doctor is in any doubt as to whether they should undertake a practice review, they are advised to seek advice from the operator of their Professional Competence Scheme.**

- **A Clinical / Practice 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. Audits can be undertaken at individual, practice, speciality, hospital, or at a national level.
- **Quality Improvement** is defining a work-related 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.

### 3 Work-Based Learning (minimum of 15 CPD hours)

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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 their own responses to practice situations.

### 4 Accredited CPD Activity (minimum of 20 CPD hours)

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Accredited CPD activity includes attendance at relevant educational conferences, courses, and workshops at local, national, international level, and accredited CPD offered in the workplace. This includes clinical or non-clinical CPD.

It is important that a CPD activity used to count for a doctor's annual CPD requirement must be accredited in Ireland or in the State where it is delivered and be considered acceptable to the operator of the doctor's Professional Competence Scheme as meeting relevant international standards.



# Frequently asked questions (FAQ)

## Why is maintaining CPD requirements important?

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- Maintenance and development of professional competence ensures doctors have the required knowledge and skills to provide safe and effective practice. Provision of such practice is a key component in the protection of the public.

## Why the change?

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- To ensure that the Maintenance of Professional Competence (MPC) Framework is appropriate for the needs of doctors and patients, as well as in line with international best practice, the Medical Council regularly considers the MPC Rules and associated processes within the MPC Framework. The current MPC Framework has been in operation since 2011, and Medical Council engagement and research over the recent years has indicated a need to strengthen the MPC Framework to increase its relevance and usefulness for doctors.
- The Medical Council believes that though doctors are well placed to manage their own learning and development needs, it is also important that doctors are empowered and enabled to proactively identify areas for progression of competencies and knowledge, as well as the activities which will enable such progression.
- The new MPC Framework affords doctors the autonomy to direct their own learning and development, whilst also providing an appropriate level of structure and guidance to ensure a variety of learning methods are employed.

## How did the change come about?

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- A Working Group convened by the Medical Council considered elements of the current MPC Framework which operate well, as well as those elements which could be strengthened, with review of similar framework models in other jurisdictions.

This consideration was conducted through a combination of desk-based review and stakeholder engagement and produced a draft strengthened MPC Framework which incorporates greater emphasis on reflective Continuing Professional Development (CPD) activities. This emphasis on reflective CPD activities is a key component of the new MPC Framework, with doctors required to complete a Professional Development Plan (PDP), along with a practice review activity.

## What are the main changes for doctors to be aware of with the new MPC Framework?

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- The new MPC Framework reduces the number of CPD hours which doctors must record each year to align with international comparative frameworks, with the practice review component included within the figure of 50 CPD hours.
- In addition, the new MPC Rules specify pro-rata requirements for doctors who are not enrolled on a Professional Competence Scheme for an entire scheme year. This change will provide clarity to doctors who enrol on a Professional Competence Scheme midway through the scheme year, as well as those doctors required to take extended time off a scheme, through sick leave, maternity leave or other forms of statutory leave.
- The revised CPD requirements of the new MPC Framework are designed to provide doctors with the autonomy and flexibility to determine which CPD activities are most appropriate to their learning needs over the coming scheme year, while the revised categories of CPD provide guidance in how to structure a variety of exercises and methods of learning.
- The incorporation of the PDP will also be a key tool in guiding learning and development, as it will enable doctors to identify which areas of their professional competence they wish to develop over the coming scheme year – as well as consider which activities will be most appropriate and effective.



# Conclusion

The introduction of new MPC Rules and the revised MPC Framework will further support doctors in maintaining their professional competence, providing clarity and flexibility for doctors to achieve personal learning objectives, identify emergent developments and trends within research and patient care, as well as maintain awareness of international best practice.

Prior to the commencement of the new MPC Rules, the Medical Council will work to ensure that doctors are informed regarding the new requirements within the revised MPC Framework.

Finally, the Medical Council wishes to thank both doctors and the Postgraduate Training Bodies who operate the Professional Competence Scheme for their commitment to ongoing learning and professional development over the intervening period since the commencement of the MPC Framework.

The Medical Council looks forward to continuing to support doctors' maintenance of professional competence, which in turn facilitate delivery of high-quality patient care.

Should you have any professional competence queries please do not hesitate to contact the Medical Council at [pc@mcirl.ie](mailto:pc@mcirl.ie).



# Appendix 1 – Further information regarding categories of CPD under the new MPC Framework

## Annual CPD Requirements

### For registered medical practitioners engaged in the practice of medicine

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

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

**OR**

### For registered medical practitioners not engaged in the practice of medicine

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 operating Professional Competence Schemes may modify/expand this list based on the specific needs of registered medical practitioners enrolled on their scheme(s).*

### Practice review

*Activities involving a process through which a registered medical practitioner reviews evidence relating to their practice and plans improvements.*

### Work-based learning

*Activities that promote a registered medical practitioner's learning at or through work and which are reflective in nature.*

| Audit, quality improvement and/or practice evaluation  | Reflective learning from clinical and non-clinical work  |
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| <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>● Audit or quality improvement project relative to their scope of practice (may be a local, regional, national, or international audit/quality improvement) <ul style="list-style-type: none"> <li>- Comparing processes or patient/health care outcomes with best practice</li> <li>- Audit of departmental outcomes including information on where they fit within a team</li> <li>- Audit of performance in an area of practice measured against that of their peers</li> <li>- Taking an aspect of practice and comparing performance to national standards</li> </ul> </li> <li>● Review of critical incidents /significant events</li> <li>● Review of compliments and complaints</li> <li>● Practice visits to review registered medical practitioner's performance</li> <li>● Performance appraisal</li> <li>● Multisource feedback (e.g., 360 appraisals/ feedback)</li> <li>● Structured feedback from colleagues/ patients/ students</li> <li>● Patient satisfaction survey</li> <li>● Mortality and morbidity review</li> </ul> | <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>● Multi-disciplinary clinical activities (MDTs, MDMs)</li> <li>● Grand Rounds</li> <li>● Schwartz Rounds</li> <li>● Joint review and discussion of cases</li> <li>● Structured review of records and processes of care</li> <li>● Practice management</li> <li>● Research and scholarly activity</li> <li>● Education, teaching, training, mentoring and supervision</li> <li>● Assessment of trainees and peers</li> <li>● Organised learning activities (including journal clubs)</li> <li>● Participation on College, national or international bodies in the development of standards for clinical or non-clinical care</li> <li>● Management, policy, and advocacy</li> <li>● Internal teaching session</li> <li>● Communication training (including Open Disclosure).</li> <li>● Review of patients' unmet needs (PUN) and registered medical practitioners' educational needs (DEN)</li> <li>● Review of patient data</li> <li>● Critique of a video review of consultation</li> <li>● Reflection on health and wellbeing</li> <li>● Health, wellbeing, and staff support meetings</li> <li>● Practice management systems enhancements</li> <li>● Participation in research (and education)</li> <li>● Participation on college or other committees that are related to clinical care, education, or research</li> <li>● Participation in morbidity and mortality meetings</li> <li>● Examining candidates for college examinations</li> <li>● Research, publication and peer review for journals and texts</li> <li>● Working as an assessor or reviewer for the Council or PGTB</li> </ul> |

## Accredited Continuing Professional Development activities

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

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



Comhairle na  
nDochtúirí Leighis  
Medical Council

**Medical Council**  
Kingram House  
Kingram Place  
Dublin 2  
D02 XY88

[info@mcirl.ie](mailto:info@mcirl.ie)  
[www.medicalcouncil.ie](http://www.medicalcouncil.ie)