

# Irish College of Ophthalmologists

# **INFORMATION FOR RETIRED DOCTORS**

The Medical Council has agreed that retired medical practitioners will be subject to the same professional competence requirements as all other practising doctors. This means that any retired doctor wishing to retain registration for the purpose of practising medicine will be obliged to fulfil their statutory duty to maintain professional competence.

There are no special requirements for doctors working less than full-time, or on an occasional basis. Once registered with the Irish Medical Council, 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. **Read more** 

#### There are two scenarios for retired doctors:

- (i) Fully retired in that the retired practitioner no longer sees patients and are not engaged in any activity that requires registration with the Medical Council
- (ii) Occasionally see patients or are engaged in activities that require the practitioner to be registered with the Medical Council. Eg Teaching, tutoring, medico-legal work, professional advisor etc.

If the first scenario applies and a practitioner has completely retired from practice and does not intend to do any medically related work in the foreseeable future, then it will be difficulty to meet the Professional Competence requirements as set out by the Medical Council. For practitioners who this scenario applies to may wish to consider voluntary withdrawal from the Register. The current guidance furnished by the Medical Council can be found on the Medical Council website and it might be useful to contact the Medical Council Professional Competence Scheme section to discuss this http://www.medicalcouncil.ie/Information-for-Doctors/Professional-Competence/

If the second scenario applies and a practitioner is involved in academic or medico-legal work, then the Medical Council state that retired practitioners will be obliged to fulfil their statutory duty to maintain professional competence. Therefore practitioners need to work within the current system to accumulate sufficient credits. The categories that cause the most difficulty for retired doctors are the Internal Category and Audit. The ICO continues to work with retired doctors and the Medical Council in order to make it as easy as possible for registered medical practitioners to meet the requirements of the Medical Council.



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Below you will see some suggestions as to how practitioners can accumulate CPD credits.

# The Professional Competence Scheme Framework

# The framework for professional competence is as follows:

- 50 CPD credits per annum (which must include the minimums listed in the categories below)
- 1 clinical audit (a minimum of 12 hours per annum)

# The following represents a breakdown of the various categories:

#### 1. CPD Activities

External: Maintenance of Knowledge and Skills

20 credits per year minimum

Internal: Practice Evaluation & Development

20 credits per year minimum

Personal Learning

5 credits per year minimum

• Research or Training

2 credits per year desirable

# 2. Clinical Audit – 1 audit per year minimum

# **External Category**

In most cases, accumulating External CPD credits is relatively straightforward. Retired doctors are welcome to attend all of the meetings organised through the ICO each year that retired doctors can attend. There are many other meetings around the country approved by the ICO and these appear on the College website www.eyedoctors.ie Lists of activities are now available on the website which you can access directly on your phone or PC.

# Below are examples of activity which attendance at are relevant to this category

- International / National Meetings / Conferences
- Courses
- Examination
- Lecture
- Medical advanced degree
- Online course
- Seminar
- Workshop

# **Internal Category**

The Internal category is the most challenging and 20 credits (hours) annually are required. Retired doctors can achieve internal credits by

- forming a Journal Club with other retired doctors. Articles read could be discussed, including how learning could be applied to real-life cases.
- If you are teaching or acting in a professional advisory capacity, then the meetings, presentations or reviews that relate to that role can be recorded in the Internal category
- Preparation of teaching lectures
- Preparation time for examining
- Peer review groups
- Meetings to discuss medical legal cases
- Chart reviews which commonly occur in medical legal practice\*
- Attending case presentations
- Attending meetings that relate to practitioners current role

\*If you review charts as part of Medical Legal work, you can record the number of hours undertaken to review the Charts (1 hour = 1 CPD credit)

The monthly post graduate teaching programme is open to retired doctors to attend. If you are interested, you should ensure to sign the register when you do attend and you can request a letter from the ICO confirming your attendance at the end of the term/year. Please also keep a record of your own attendance. The monthly teaching programme is also available to watch as a livestream webcast on the web.

# **Personal Learning**

Accumulating Personal Learning CPD credits is relatively straightforward. Personal Learning including reading journals etc. should also be easy to obtain. Some evidence of this activity should be uploaded into the PCS dashboard.

# Below are examples of activity which attendance at are relevant to this category

- Self-directed education (eg Journal reading)
- Journal club
- E-learning
- Online search
- Online learning
- Personal reading
- Volunteer or outreach activities

# **Research & Teaching**

In the category of Research & Teaching, many of you will be able to accumulate many credits. The minimum recommended is 2 (but this is only a recommendation and not required of everyone).

# Below are examples of activity which attendance at are relevant to this category

- Accreditation visit
- Article publication
- Poster presentation
- Postgraduate Examiner
- Undergraduate Examiner
- Lecturer
- Question setting
- Research
- Postgraduate teaching
- · Undergraduate teaching

# **Clinical Audit**

An audit does not need to be a clinical audit. Rather, you should audit whatever activity you are currently engaged in. While the audit would ideally consist of measurement, comparison with standards, an intervention and reevaluation, this may not be practical for all. A quantitative report accompanied by a reflection on quality may suffice in the first instance. This will need to be written and uploaded.

If you are involved in medico-legal work related to your role as a doctor, you could do an audit around this, comparing your activity to best practice guidelines. This may also provide an option to link up with your former colleagues.

# The following suggestions may be adaptable to an individual's requirements:

- Measurement of individual compliance with guidelines / protocols
- Medico-legal practice audit
- Skills analysis
- Self-assessment
- Teaching role : An evaluation of teaching role
- Examining : An evaluation of examining role

The following are videos of Guides to Clinical Audit which includes information on undertaking an audit if not in practice which the Medical Council have published to their website

- Guide to Clinical Audit
- Information on Undertaking an Audit if not in practice

# **Medical Council 8 Domains of Good Professional Practice**

The Medical Council has defined eight domains of good professional practice. See figure 1.

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. Since they describe the outcomes which doctors should strive to achieve, doctors should refer to these domains throughout the process of maintaining competence in line with the Standards. For example, the domains can be used to assess needs and plan maintenance of professional competence, and they can be cross-referenced with specific activities for maintenance of professional competence.



# 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.

#### **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, 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 Post-Graduate Training Body according to international benchmarks.