



STATUTORY INSTRUMENTS.

**S.I. No. 176 of 2025**



MEDICAL COUNCIL (MAINTENANCE OF PROFESSIONAL  
COMPETENCE) RULES 2025

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The Medical Council, in exercise of the powers conferred on it by section 11 of the Medical Practitioners Act 2007 (as amended) (No. 25 of 2007) with the consent of the Minister for Health and the Minister for Public Expenditure, Infrastructure, Public Service Reform and Digitalisation, hereby makes the following rules:

PART 1  
PRELIMINARY

*Citation*

1. These Rules may be cited as the Medical Council (Maintenance of Professional Competence) Rules 2025.

*Commencement*

2. (1) Subject to paragraph (2), these Rules come into operation on 1 of May 2025.

(2) Part 2 of these Rules comes into operation on 1 of May 2025.

*Definitions*

3. In these Rules—

“Act” means the Medical Practitioners Act 2007 (Number 25 of 2007), as amended from time to time;

“accredited CE activity” means continuing education in the form of educational conferences, courses and workshops (both clinical and non-clinical) and other types of learning activities that have satisfied accreditation criteria, provided by a person, body or organisation referred to in Rule 14, whether in-person or electronically;

“continuing professional development” means an activity or programme which serves to maintain, develop or increase the knowledge, skills and professional competence of registered medical practitioners relevant to their scope of practice;

“accredited provider” means a person, body or organisation accredited by the Council to accredit and to provide accredited CE activity either solely, or in collaboration with a person, body or organisation referred to in Rule 14(c);

“arrangement” means an arrangement pursuant to section 91(4) of the Act between the Council and a scheme operator for the purpose of the Council performing its duty under section 91(1) of the Act, to satisfy itself as to the

ongoing maintenance of the professional competence of registered medical practitioners;

“hour” means sixty consecutive minutes of continuing professional development activity;

“enrolled registered medical practitioner” means a registered medical practitioner who has enrolled in a scheme operated by a scheme operator for the purposes of maintaining their professional competence and completing continuing professional development;

“Guidelines” means the document referred to in Rule 4(1);

“Professional competence” means the possession of the necessary expertise, skill and ability by the medical profession;

“Professional competence scheme” or “scheme” means a professional competence scheme established by the Council for the purposes of satisfying itself as to the ongoing maintenance of the professional competence of registered medical practitioners;

“Rules of 2011” means the Medical Council – Rules for the Maintenance of Professional Competence (No. 1) (S.I. No. 171 of 2011);

“Scheme operator” means a body recognised by the Council, pursuant to section 91(4) of the Act, as a body with which the Council may make and carry out an arrangement;

“Scheme year” means any year beginning on 1 May and ending on 30 April;

“Statement of participation” means a statement produced by a scheme operator in accordance with Rule 9(3).

### *Guidelines*

4. (1) For the purposes of these Rules, and in exercise of the powers conferred on the Council by section 12 of the Act, the Council shall prepare, adopt and publish a guidelines document (“the Guidelines”) in relation to the continuing professional development to be undertaken by a registered medical practitioner during each scheme year for such minimum number of hours within a scheme year as is provided for in these Rules.

(2) The Guidelines shall include—

- (a) the framework for the maintenance of professional competence that is to be attained by registered medical practitioners which shall incorporate the eight domains of good professional practice set out in the Schedule,
- (b) Council’s standards for the maintenance of professional competence for registered medical practitioners,
- (c) Council’s standards for bodies operating professional competence schemes
- (d) the criteria which must be satisfied by a person, body or organisation to become an accredited provider or a scheme operator,

- (e) the criteria which must be satisfied for a scheme operator or an accredited provider to accredit a CE activity.

(3) The Council shall review and update the Guidelines at intervals not exceeding five years having regard to national and international advancements in the theory and practice of medicine and continuing professional development, including relevant scientific and technical advancements and progress, and national policy in the areas of healthcare practice and in professional development and learning.

## PART 2

### OBLIGATIONS OF REGISTERED MEDICAL PRACTITIONERS

#### *Application of this Part*

5. This Part applies to all registered medical practitioners other than those who are—

- (a) registered in the Trainee Specialist Division of the register, or
- (b) registered in the register of visiting EEA practitioners and providing services on a temporary and occasional basis.

#### *Obligations*

6. (1) Subject to paragraphs (3) to (6), registered medical practitioners shall, in each scheme year—

- (a) enrol in, or renew their enrolment in, a scheme applicable to their speciality or area of practice no later than 60 days after the start of the scheme year,
- (b) undertake continuing professional development for a minimum of 50 hours, as set out in the Guidelines, under that scheme in that scheme year,
- (c) adhere to the Guidelines in relation to the scheme in which they are enrolled, and
- (d) otherwise fulfil the requirements set out in these Rules and the Guidelines.

(2) The continuing professional development referred to in paragraph (1)(b) shall comprise accredited CE activity and other continuing professional development activity, as may be more particularly defined and specified in the Guidelines.

(3) Registered medical practitioners whose names are entered onto or restored to the register on or before 2 March in any scheme year shall enrol in a scheme applicable to their area of practice within 60 days of such entering or restoration and the requirement in terms of hours referred to in paragraph (1)(b) shall, during that scheme year, be proportionately reduced for such registered

medical practitioners, as may be more particularly defined and specified in the Guidelines.

- (4) Registered medical practitioners who—
- (a) for reasons of maternity, parental, carers or adoptive leave, or any other form of statutory leave,
  - (b) for reasons of illness, or
  - (c) for other substantive reasons accepted by the scheme operator (including as a result of a material change, as defined in Rule 7(2), but not including retirement or semi-retirement),

do not practise medicine in the State for a period greater than 3 months during the applicable scheme year may, or in the case of non-practising practitioners are not in a position to undertake continuing professional development for such period, on due written certification to the scheme operator of that fact, be exempt from their requirement in terms of hours referred to in paragraph(1)(b) during that scheme year as may be more particularly defined and specified in the Guidelines.

- (5) Registered medical practitioners who—
- (a) practise medicine for less than 30 days in the State during a scheme year, and
  - (b) practise medicine in a state other than the State during that scheme year,

shall comply with the applicable professional competence and continuing professional development requirements in the other state in which they are practising medicine during that scheme year and shall be exempt from the requirements referred to in paragraph (1)(a) to (c).

(6) Registered medical practitioners who, having been practising medicine in a state other than the State, commence or re-commence practice in the State on or before 2 March in any scheme year shall enrol in a scheme applicable to their area of practice within 60 days of such commencement or re-commencement and the requirement in terms of hours referred to in paragraph (1)(b) shall, during that scheme year, be proportionately reduced for such registered medical practitioners, as may be more particularly defined and specified in the Guidelines.

*Material change of circumstances*

7. (1) Registered medical practitioners shall inform the scheme operator of the scheme in which they are enrolled of a material change, in advance where possible and, in any event, not later than 14 days after the occurrence of the material change.

(2) For the purposes of paragraph (1), “material change” means a change to the circumstances of a registered medical practitioner’s practice of medicine such as would affect their obligations under these Rules.

*Annual declaration*

8. Registered medical practitioners who make an application to the Council for the annual retention of their registration in the register shall, as part of such application, make a declaration to the Council that—

- (a) as regards the preceding scheme year—
  - (i) they undertook continuing professional development activities for the minimum hours required of them, and otherwise met the requirements of these Rules and the Guidelines,
  - (ii) Rule 6(3) or (6) applied to them and they undertook continuing professional development for the reduced number of hours required of them, and otherwise met the requirements of these Rules and the Guidelines,
  - (iii) They did not practise medicine in the State for a period greater than 3 months during the scheme year and Rule 6(4) applied to them,
  - (iv) Rule 6(5) applied to them and they complied with the applicable professional competence and continuing professional development requirements in the other state in which they practised medicine, or
  - (v) this Part did not apply to them pursuant to Rule 5(a) or (b), and
- (b) as regards the current scheme year—
  - (i) they are enrolled in a scheme,
  - (ii) Rule 6(5) applies to them and they will undertake continuing professional development activities in the other state in which they are practising medicine, or
  - (iii) this Part does not apply to them pursuant to Rule 5(a) or (b).

*Recording and verification of compliance with continuing professional development*

9. (1) Registered medical practitioners shall cooperate with any verification process set out in the Guidelines or applied by their scheme operator, including the provision of such written records as may be required by the scheme operator or the Council.

(2) Registered medical practitioners shall record such information in relation to their continuing professional development as their scheme operator may direct.

(3) A scheme operator shall produce, in respect of each registered medical practitioner enrolled in the scheme it operates, a statement of participation containing—

- (a) the name of the registered medical practitioner and the number attached to their registration,

- (b) the date of first enrolment of the registered medical practitioner in the scheme,
- (c) continuing professional development undertaken by the registered medical practitioner, in accordance with the framework for the maintenance of professional competence contained in the Guidelines, in the scheme years for which the registered medical practitioner has been enrolled in the scheme during the preceding 5 year period,
- (d) whether such continuing professional development has been verified by the scheme operator, and
- (e) a declaration where the minimum of 50 hours as set out in the Guidelines has not been achieved by the registered medical practitioner, but Rule 6(3) or (4) or (6) applies.

(4) Subject to any exceptions, a statement of participation shall be the only evidence acceptable to the Council of the continuing professional development undertaken by a registered medical practitioner.

(5) Registered medical practitioners shall retain evidence of the continuing professional development undertaken by them for the required period, including evidence of continuing professional development carried out outside the State where they are seeking to rely on same for the purposes of demonstrating compliance with the requirements of these Rules and the Guidelines, and shall submit such documentation to the scheme operator or the Council, upon request.

(6) Without prejudice to the generality of paragraph (5), and for the purpose of ensuring compliance with these Rules, the Council may liaise with registered medical practitioners to investigate any alleged breach of these Rules and, to that end, may in respect of the registered medical practitioner concerned—

- (a) seek explanations from the registered medical practitioner,
- (b) call the registered medical practitioner to a meeting, and
- (c) request the registered medical practitioner to give an undertaking or consent to be referred to a professional competence scheme and to undertake any requirements relating to the improvement of the practitioner's competence and performance which may be imposed.

(7) The Council may liaise with the scheme operators to investigate any alleged breach of these Rules and the scheme operators shall furnish information and documentation in that regard to the Council upon request.

(8) A scheme operator shall retain, for the required period, documentation in relation to the continuing professional development undertaken by registered medical practitioners enrolled in the scheme it operates.

(9) The Council may audit registered medical practitioners in respect of their compliance with these Rules for a period of up to 5 years after the end of the relevant scheme year.

(10) In this Rule, "required period" means the period of 6 years from the start of the applicable scheme year.

PART 3

SCHEMES, SCHEME OPERATORS AND ACCREDITED PROVIDERS

*Application for recognition as scheme operator*

10. (1) In order to be recognised by the Council for the purpose of section 91(4)(a) of the Act, a body shall make an application to the Council.

(2) An application under paragraph (1) shall be in writing, in such manner and form as may, from time to time, be prescribed by the Council.

(3) An application under paragraph (1) shall be accompanied by such fee as may be charged for that purpose by the Council under section 36 of the Act.

(4) An application under paragraph (1) shall set out the manner in which the body proposes to conform with the criteria referred to in Rule 11.

(5) The Council may require an application under paragraph (1) to include a declaration that the body will comply with the provisions of these Rules, the Guidelines and the arrangement.

(6) Upon receipt of an application under paragraph (1), the Council may write to the body setting out any further information or documentation it requires in order to properly consider the application.

(7) Where the Council is satisfied that a body which has applied under paragraph (1) meets the requirements of these Rules and the Guidelines, it may recognise that body pursuant to section 91(4)(a) of the Act and may attach to such recognition any conditions which it considers to be relevant and necessary.

(8) A body granted recognition under this Rule shall comply with—

- (a) any conditions attaching to its recognition by the Council, and
- (b) the requirements of these Rules, the Guidelines and the arrangement.

*Criteria for recognition of scheme operator*

11. The Council shall apply the following criteria in making decisions in relation to applications under Rule 10:

- (a) the scheme which the body proposes to provide and administer shall incorporate the Council's framework for the maintenance of professional competence of registered practitioners referred to in Rule 4(2)(a);
- (b) the body shall comply with—
  - (i) the standards referred to in Rule 4(2)(c), and
  - (ii) the criteria referred to in Rule 4(2)(d);
- (c) the body shall satisfy the criteria referred to in Rule 4(2)(e) in respect of accredited CE activities which the body proposes to provide;

- (d) the proposed fees for the scheme which the body proposes to provide and administer shall be reasonable, proportionate and evidence based, having regard to any thresholds that the Council may prescribe, from time to time.

*Monitoring and assessment of performance of scheme operators*

12. (1) A scheme operator's performance, and its compliance with the criteria set out in Rule 11, shall be monitored and assessed by the Council in accordance with section 91(5) of the Act and as may be more particularly set out in the arrangement.

(2) For the purpose of paragraph (1), a scheme operator shall submit to the Council—

- (a) a performance report establishing compliance by the scheme operator with the criteria set out in Rule 11, at such intervals as may be prescribed by the Council in the arrangement or otherwise, and
- (b) such further information or documentation as the Council may request.

*Responsibilities of scheme operators*

13. A scheme operator shall, as regards the scheme in respect of which it was recognised—

- (a) be responsible for all costs associated with the provision and operation of the scheme,
- (b) be responsible for setting the enrolment criteria for the scheme and the range of activities, including specialty specific activities, which must be undertaken by registered medical practitioners enrolled in the scheme, and the intervals at which such activities must be undertaken,
- (c) monitor the compliance of its enrolled registered medical practitioners with the requirements of the scheme and of these Rules,
- (d) notify the Council where it has reasonable grounds to believe that an enrolled registered medical practitioner has persistently failed to demonstrate compliance with the requirements of the scheme or these Rules,
- (e) submit reports to the Council in relation to the enrolled registered medical practitioners' compliance with the scheme, in the manner and form prescribed by the Council in the arrangement entered into with the scheme operator under section 91(4)(a) of the Act,
- (f) after the end of the scheme year, provide each enrolled registered medical practitioner with a statement of participation, in the manner and form set out in Rule 9(3) and as more particularly set

out in the Guidelines, in respect of their enrolment in the scheme and the accrual of hours,

- (g) upon request, produce to the Council, statements of participation in respect of each enrolled registered medical practitioner, within such timeframe as may be directed by the Council, as well as such other documents or information as may be requested by Council to assess the compliance of registered medical practitioners with the requirements of these Rules,
- (h) maintain copies of all documentation used in the delivery of the scheme, for a period of 6 years the start of the applicable scheme year, and
  - (i) comply with any reporting requirements and provide such evidence as may be specified by the Council from time to time, including in relation to accredited CE activity delivered by it or accredited CE activity delivered by a person, body or organisation referred to in Rule 14(c).

*Provision of accredited CE activity*

14. Accredited CE activity may be provided by—
- (a) the scheme operator,
  - (b) an accredited provider,
  - (c) another person, body or organisation in collaboration with, and in accordance with the requirements of, the scheme operator or an accredited provider, provided that there is compliance with any criteria or standards which may be set by the Council from time to time.
  - (d) a person, body or organisation in a state other than the State, where the activity is accredited in that state and is accepted by the scheme operator as meeting applicable international standards.

*Accredited providers*

15. (1) A person, body or organisation which wishes to be recognised as an accredited provider shall—
- (a) apply to the Council in such manner and form as may, from time to time, be prescribed by the Council,
  - (b) pay such fee as may be charged for that purpose by the Council under section 36 of the Act,
  - (c) satisfy any criteria, standards or conditions which may be prescribed by the Council from time to time for the purpose of being recognised as an accredited provider, and
  - (d) conform with any general or specific standards or criteria which may be prescribed by the Council, and which apply from time to time.

(2) An accredited provider shall comply with any reporting requirements and provide any evidence or information which may be specified by the Council from time to time, including in relation to any activity it accredits, and which is delivered by a person, body or organisation referred to in Rule 14(c).

#### PART 4

#### AMENDMENT, REVOCATION AND TRANSITIONAL PROVISION

##### *Amendment*

16. Rule 6 of the Medical Council – Rules for the Maintenance of Professional Competence (No. 2) (S.I. No. 741 of 2011) is amended by inserting “and shall be responsible for all costs associated with any assessment under the professional competence scheme for performance assessment” after “from time to time”.

##### *Revocation*

17. The Rules of 2011 are revoked.

##### *Transitional provisions*

18. Notwithstanding Rule 18—

- (a) the criteria per section 91(4) of the Act laid down in the Rules of 2011 shall continue to apply to bodies operating an existing professional competence scheme until 30 April 2025 as if not revoked,
- (b) Rule 4 of the Rules of 2011 shall continue to apply as if not revoked, and Rule 8(a) of these Rules shall not apply, until 30 April 2025,
- (c) Rules 5 and 6 of the Rules of 2011 shall continue to apply, as if not revoked, in respect of a registered medical practitioner’s compliance with professional competence requirements applicable before 1 May 2025.

## Schedule

### Domains of Good Professional Practice

#### **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. Patients must be regarded as a partner in decision making in accordance with the Medical Council's Guide to Professional Conduct and Ethics.

#### **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, openness, empathy, 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 Postgraduate Training Body according to international benchmarks



GIVEN under my Official Seal,  
1 May, 2025.

SUZANNE CROWE,  
President.

CIARÁN BUGGLE,  
Chief Executive Officer.

EXPLANATORY NOTE

*(This note is not part of the Instrument and does not purport to be a legal interpretation.)*

These Rules provide for various matters in relation to the maintenance of professional competence of medical practitioners. They replace and revoke Medical Council – Rules for the Maintenance of Professional Competence (No. 1) (S.I. No. 171 of 2011).

BAILE ÁTHA CLIATH  
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