



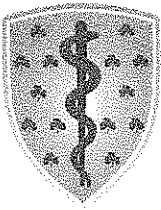
# **Memorandum of Understanding**

**BETWEEN**

**Medical Council**

**AND**

**Practitioner Health Matters Programme  
Limited**



## **Memorandum of Understanding between the Medical Council and the Practitioner Health Matters Programme**

### **1. Parties**

**1.1** This Memorandum of Understanding is made between the Medical Council and the Practitioner Health Matters Programme Limited (a company limited by guarantee having its registered office at The Dean Clinic, Unit B, Third Floor, Apex Business Centre, Blackthorn Road, Sandyford, Co. Dublin) (hereinafter referred to as the "PHMP").

**1.2** The Medical Director of the PHMP and the Chief Executive Officer of the Medical Council shall have responsibility for the monitoring and implementation of this Memorandum of Understanding.

**1.3** In the event that the name or the structure of the PHMP should change or alter in the future, the terms of this MoU will be revised accordingly.

### **2. Scope and Purpose**

**2.1** This Memorandum of Understanding has been agreed between the Medical Council and the PHMP. It applies to the Republic of Ireland only and is intended to provide a framework to assist the joint working of the two organisations.

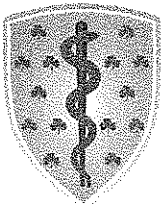
**2.2** It outlines the basis of co-operation between the two organisations. This includes practical arrangements designed to ensure that the relationship is effective and meets each organisation's aims and objectives, particularly when there are overlapping interests and responsibilities. It sets out some of the principles underpinning the interaction between the two organisations and provides guidance on the exchange of information between them.

**2.3** Details of contacts within the Medical Council and PHMP are contained within Appendix A to this document.

### **3. Context in which this Memorandum of Understanding is made**

#### **3.1 Practitioner Health Matters Programme (PHMP)**

The PHMP is intended to replace the Sick Doctors Scheme (SDS.). The SDS which was in existence since 1985 was founded as a charity with funding from four parent organisations, the IMO, ICGP, Irish College of Psychiatrists and an organisation called the GP Wives. The scheme which provided support over many years to doctors with alcohol and substance misuse problems is being restructured.



The PHMP is a professional service for any doctor or medical student in Ireland with a mental health, alcohol or substance misuse problems. The PHMP promotes early referral (self referral or referral by colleague, friend or family) to a professional, confidential and dedicated service. The PHMP will provide a comprehensive clinical assessment on referral and recommend an appropriate treatment/care plan. The PHMP will be governed by a group of Directors as detailed in Appendix A and Clinical Governance will be provided by a group of experienced senior clinicians as detailed in Appendix A.

### **3.2 Medical Council**

The objective of the Medical Council is to protect the public by promoting and better ensuring high standards of professional conduct and professional education, training and competence among registered medical practitioners.

Established by the Medical Practitioners Act 1978 (updated in 2007), the principal functions of the Medical Council are to:

- Establish and maintain the register of medical practitioners
- Approve and review programmes of education and training necessary for the purposes of registration and continued registration
- Specify and review the standards required for the maintenance of the professional competence of registered medical practitioners
- Specify standards of practice for registered medical practitioners including providing guidance on all matters related to professional conduct and ethics
- Conduct disciplinary procedures

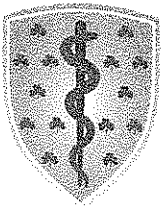
### **The Health Committee (HC)**

The Medical Council established the Health Committee pursuant to Section 20(4) of the MPA, 2007 to perform functions as specified by the Council in support of:

- (a) Medical practitioners with relevant medical disabilities, and
- (b) Medical practitioners who have given their consent under section 67(1)(c).

The HC currently performs such functions by supporting medical practitioners who have been referred to the HC. The referral pathways to the HC are:

- An undertaking by a medical practitioner to the Fitness to Practise Committee under Section 67(1)(c) of the Act,
- The Medical Council by direct referral or sanction under Part 9 of the Act,
- Self Referral, where the medical practitioner refers himself/herself to the HC for support, or
- Referral by a third party, where a colleague or a hospital, for instance, refers a medical practitioner for support to the HC



#### **4. Co-operation between the Medical Council and the PHMP**

The PHMP and the Medical Council are both engaged in the discharge of their respective functions in the public interest, with particular focus on the protection and enhancement of public health and patient safety. Accordingly, in serving the public interest, there are a number of areas of common concern to both the PHMP and the Medical Council. It is therefore appropriate that both bodies agree a common understanding with regard to a range of areas as follows:

##### **4.1 REFERRAL PATHWAYS TO THE PHMP**

- **Self-Referral**

The PHMP is available to respond to a medical practitioner who refers himself / herself.

- **Referral by a Third Party**

The PHMP is also available to respond to third party requests for assistance or intervention. A typical third party may be a hospital, colleague, family, friend or **the HC of the Medical Council**

The HC may decide to refer a case to the PHMP if they feel that the case may be more appropriately dealt with by the PHMP

##### **4.2 Consent to engagement PHMP**

When the medical practitioner is referred to the PHMP via one of the Referral pathways, the medical practitioner will be asked to give the PHMP written consent to the following:

- to obtain and receive all relevant medical reports as required by the PHMP
- to communicate with the practitioner's family GP
- to obtain a collateral history from family, friend or colleague as deemed appropriate
- to furnish the relevant medical reports to the Medical Council in appropriate circumstances<sup>1</sup>

##### **4.3 Medical Assessment following Referral**

All practitioners referred to the PHMP will receive a comprehensive clinical assessment. This assessment will focus in particular on the reasons for the referral, the mental health and/or addiction issues and the potential risks that the medical practitioner poses to themselves and / or the public.

##### **4.4 Meeting with PHMP Clinical Advisory Group (CAG)**

---

<sup>1</sup> This aspect may require further discussion. The Medical Council may seek Production Orders for documents and such Production Orders supersede consent issues.



Following assessment all referrals will be presented anonymously to the CAG with all available information and documentation. The CAG will determine whether the PHMP is the appropriate setting to deal with the medical practitioner and to determine if a referral to the Medical Council is required at that time. A suitable care plan will be discussed taking into account the relevant health issues and the therapeutic options. Following approval by the CAG, the treatment/care plan will be formally agreed with the practitioner.

## **5. AREAS OF COOPERATION BETWEEN THE MEDICAL COUNCIL AND THE PHMP**

The PHMP is fully cognisant of the Council's functions under parts 7, 8 and 9 of the Medical Practitioners Act, 2007 and if it has any concerns about a medical practitioner availing of its services in circumstances described but not confined to paragraph 5.1 below, it will refer such practitioners to the Medical Council together with any information that the PHMP has in its possession in relation to that medical practitioner.

The HC of the Medical Council will also recommend, as appropriate, to the medical practitioner that he/she avail of the services of the PHMP as a further support.

### **5.1 Referral to the Medical Council**

The PHMP will be obliged to refer a practitioner to the Medical Council under the following circumstances:

- Referral for Non-Compliance

If the PHMP becomes concerned about a medical practitioner's health, lack of contact, and / or non-compliance with its recommendations, the PHMP may recommend to the Standards in Practice Committee that the practitioner be considered by the Council for referral to the Preliminary Proceedings Committee as a complaint, in which case all information and material in the PHMP's possession concerning the medical practitioner will be disclosed.

- Referral in Case of Imminent Risk to Self, Patients or Public

In circumstances where the medical practitioner represents an immediate risk to him/herself and/or the public interest, the PHMP will refer the matter to Council to consider in accordance with the provisions of the Act and may make a complaint and applying to the High Court under section 60 of the Act.



## **Meetings with Third Parties**

Where the Medical Council is alerted by a person or body to a health problem of a medical practitioner, members of the HC, including the non-medical member, may meet with that person or body. If such a meeting occurs, information will be given about the PHMP's procedures and, subject to the PHMP's duty of confidentiality to Doctors receiving treatment and subject to its own treating Doctors' ethical obligations in relation to confidentiality and consent, general information about the medical practitioner's progress may be furnished where it is deemed appropriate.

## **6. CONFIDENTIALITY**

### **6.1 Confidentiality of Medical Practitioners Undergoing Monitoring**

The identity of individual practitioners with the PHMP shall not be disclosed for the purposes of reporting, unless the PHMP recommends that the medical practitioner is not compliant, or otherwise has concerns that require referral to the Council.

### **6.2 Confidentiality of Medical Records**

All records of activities of the PHMP relating to an individual medical practitioner will remain confidential and only available to the PHMP. In the event, however, that the PHMP believes that the practitioner represents a risk to the public interest, the PHMP will refer the matter to the Medical Council and will provide all material and documentary evidence in its possession to Council for consideration.

## **7. Meetings**

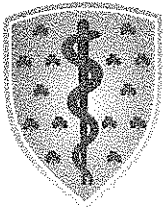
7.1 In light of the range of issues of mutual concern to the PHMP and the Medical Council, it is agreed that the senior management of both bodies will meet on an annual basis to consider and review these in accordance with the provisions of this Memorandum of Understanding.

## **8. Commencement and Termination**

8.1 This Memorandum of Understanding shall take effect upon a signature of both parties and shall continue until such time as it is terminated or superseded by a revised document.

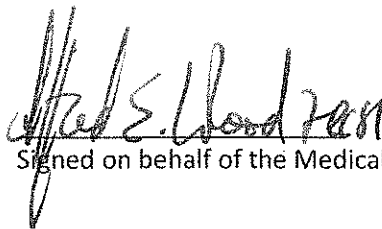
8.2 This Memorandum of Understanding may be terminated upon written notification by one party to the other with 28 days notice.

8.3 The provisions in this Memorandum of Understanding will be reviewed after three years from the date it was signed by the parties, and any amendments made by agreement. The provisions in this




Memorandum of Understanding can be reviewed at any time at the request of either party. Both parties are committed to resolving any issues arising under this Memorandum of Understanding by normal administrative means.

8.4 The main contact person from the Medical Council regarding this MOU is Mr William Kennedy, and from the PHMP is Dr Ide Delargy

  
Signed on behalf of the Medical Council

President  
Position

14 June 2015  
Date

  
Signed on behalf of the  
PRACTITIONER HEALTH MATTERS  
PROGRAMME

Chair  
Position

14 June 2015  
Date