Summary minutes of the Medical Council held on 17th and 18th May, 2018 in Kingram House, Kingram Place, Dublin 2.

MEMBERS PRESENT – 17th May, 2018

Dr Anthony Breslin
Dr John Barragry
Ms Vicky Blomfield
Ms Katharine Bulbulia
Ms Anne Carrigy
Dr Sean Curran
Dr Audrey Dillon
Dr Rita Doyle
Ms Mary Duff
Professor Fidelma Dunne
Mr Sean Hurley
Professor Alan Johnson
Professor Mary Leader
Ms Catherine McKenna
Ms Margaret Murphy
Mr John Nisbet
Professor Colm O'Herlihy
Mr Tom O'Higgins
Dr Michael Ryan
Ms Cornelia Stuart
Dr Consilia Walsh

MEMBERS NOT PRESENT

Professor Freddie Wood
Mr Fergus Clancy
Professor Bairbre Golden
Dr Ruairi Hanley

MEMBERS PRESENT – 18th May, 2018

Dr Anthony Breslin
Dr John Barragry
Ms Vicky Blomfield
Ms Katharine Bulbulia
Ms Anne Carrigy
Dr Audrey Dillon
Dr Rita Doyle
Ms Mary Duff
Professor Fidelma Dunne
Professor Bairbre Golden
Professor Alan Johnson
Ms Catherine McKenna
Ms Margaret Murphy
Professor Colm O'Herlihy
Mr Tom O'Higgins
Dr Michael Ryan
Ms Cornelia Stuart

MEMBERS NOT PRESENT

Professor Freddie Wood
Mr Fergus Clancy
Dr Sean Curran
Dr Ruairi Hanley
Mr Sean Hurley
Professor Mary Leader
Mr John Nisbet
Dr Consilia Walsh

In attendance – full meeting

Mr Bill Prasifka (CEO)
Ms Penelope Kenny (Head of Corporate Governance & Secretary to Council)

Ms Jane Horan (Council & Corporate Governance Manager)
Mr William Kennedy (Director of Regulation)

In attendance – for the relevant parts of the meeting

Mr Philip Brady (Director of Registration and Business Process Improvement)
Ms Wendy Kennedy (Director of Corporate Services)
Ms Jantze Cotter (Director of Professional Competence & Practice)
Ms Úna O'Rourke (Director of Education, Training and Professionalism)
Mr John Sidebottom (Head of Inquiries, Health and Monitoring)
Ms Deirdre Foley (Head of Finance)
Ms Marion Mitchell (Head of Human Resources)
Ms Katie Mulroy (Head of Investigations & Complaints; Solicitor)
Mr Kevin Walsh (Head of Investigations & Complaints; Solicitor)
Mr Colin Cooper (Head of ICT)
Ms Ciara McMorrow (Head of Procurement & Facilities)
Mr Alan Gallagher (Head of Communications)

Private Session:

A short private session was held between members present.

CEO's Business

The CEO informed Council that the Communications Team continues to remain very active. Work has been underway to prepare new templates for all reports and presentations which will uniform all public facing documents, publications and presentations using an updated and professional template.

The Medical Council social media presence and interaction continues to grow with a presence on Twitter, Facebook and LinkedIn. Further enhancements to our website are being made in consultation with colleagues in other teams. ICT and Communications have worked on a project to roll out a staff Intranet.

Council noted that The Today Show with Sean O'Rourke show broadcast had aired about the work of the Council featuring Philip Brady, Dr Rita Doyle and William Kennedy.

The Communications Team had also supported the drafting of the opening statement and briefing materials for the recent Oireachtas Committee appearance in relation to the non-specialist consultant issue.

The CEO advised that Ms Penelope Kenny, Head of Corporate Governance and Secretary Council had been appointed as Chief Risk Officer.

The CEO provided an update in relation to recent recruitment of staff within the organisation and staff training and the recent team building Staff Away Day. This day links to the Council's values as set out in the Statement of Strategy, namely "We encourage diversity, engagement and learning to help us be a better organisation."

Council noted that the Corporate Governance Review by Mazars had completed. There were some recommendations and the report has been submitted to the Audit Strategy and Risk Committee.

The CEO provided in update in relation to incoming Council membership. The Governance team are working closely with the Department of Health in relation to formally appointing the members. Council noted that the preparations are underway for training and induction programme for the next Council Term.

The CEO assured Council that the Information Governance team has been working has been working on the implementation of the GDPR project plan in preparation for the go-live date for the General Data Protection Regulation ('GDPR') on 25th May.

Council noted that a new telephone installation and upgrade is now complete allowing staff to have access to a greater level of functionality.

The CEO advised Council that a clear audit certificate will be issued on receipt of the signed Financial Statements once approved. The Comptroller and Auditor General had issued a Management letter with minor findings and they subsequently reported that they approved the management responses received from the Executive.

Council noted that the numbers for first-time applicants for registration. Council were advised that the Retention Process for 2018 is live as of 17th May, 2018.

Council noted that a successful consultation event with the postgraduate training bodies, NDTP and Department of Health, at the Camden Court Hotel had taken place on 30th April. The aim of the event was to present the findings from the recent external review of the specialty recognition process and to consult on proposed enhancements to the process.

The CEO advised that a meeting with the Saolta University Healthcare Group had taken place in April to present their action and implementation plan on foot of the Medical Council's visit to the Hospital Group last year.

In the area of Professional Competence Council noted that the Postgraduate Training Bodies (PGTBs) had been requested to submit action plans and budgets for the period 2018 by 16th March 2018 and the Executive had met with all PGTBs at the beginning of April 2018.

The PGTBs are to highlight CPD programmes in prescribing, communication, consent, professionalism and record keeping, and wellbeing, in their action plans and track participation in same.

Council were pleased to note that the actions taken to address enrolment on a PCS have been effective with 97.9% now being enrolled and that further efforts will be done to reduce the number of non-enrolled.

The CEO completed his report with a number of Stakeholder meetings to note in particular the Joint Oireachtas Committee in which the Vice-President and CEO has been invited to discuss the issue of medical consultants not on the Specialist Register.

Implementation of Recommendations from the Streamlining Group

Mr Kennedy outlined that the Fitness to Practise Report template had been amended to include expanding the format of the findings of the Fitness to Practise Report following input sought from the legal assessors engaged by the Fitness to Practise Committee. Council directed that a "script" be drafted with proposed text for use at sanction meetings to assist the Chair in the effective management of sanction hearings.

Council reviewed the draft "Indicative Sanctions Guidance" document which had redesigned. Council was advised that the document only references findings that have been proven beyond a reasonable doubt and that the document will be anonymised. Council requested that the appendices be indexed in order of severity.

HSE employing Consultants not on the Specialist Register

Council considered recent media articles in relation to comments made by the President of the High Court, Mr Justice Kelly in relation to a number of consultants working in Health Service Executive Posts who are not registered in the Specialist Division of the Register of Medical Practitioners.

Council was advised that an extensive affidavit had been submitted to the Court explaining the role and function of the Medical Council and its interactions with the Health Service Executive. The CEO advised that the Medical Council will be clear in its remit and statutory function.

The Vice-President recommended that a clear statement be issued from the Medical Council to the profession outlining that all consultants should be registered in the Specialist Division. Council agreed that a statement be issued that that this matter be discussed further at its next scheduled mee6ting.

President's Business

Fitness to Practice Committee Inquiry Calendar

Council noted the Fitness to Practise inquiry hearings fixed for hearing in the coming months.

Correspondence from the Mental Health Commission – re: Homeless

Council noted correspondence received from the Head of Legal Services in the Mental Health Commission outlining that a person can only be involuntarily admitted to an approved centre if they meet the criteria set out under Section 3 of the Mental Health Act, 2001. The fact that a person is homeless is not a basis for involuntary admission.

Cervical Check Review

Council discussed the memorandum in relation to the case of a terminally ill woman who recently won a High Court case against the Health Service Executive after being given incorrect smear test results. This was the first in a series of events that has now led to a full review of the Cervical Check programme.

Council directed that correspondence be issued to the Health Service Executive highlighting that the matter has been brought to the Council's attention and further directed that the matter be reconsidered by Council when the report by Dr Gabriel Scally who has been appointed by the Government to conduct a preliminary inquiry is finalised.

Foster Care system to protect vulnerable children

Council noted a recent media report following an investigation of abuse of three children in a foster home. The Vice-President proposed that Council write to the Health Service Executive and TUSLA seeking further information in order to identify of there had been any involvement by registered medical practitioners.

Clinical Review of the Maternity Services at Portiuncula Hospital

Council considered the memo in relation to the recently published report of the External Independent Clinical Review of Maternity Services at Portiuncula University Hospital (PUH) by the Saolta University Health Care Group.

The review report highlighted a number of key issues relating to the service provided in Portiuncula University Hospital between 2008 and 2014 which included delays in escalation of concerns to more senior decision makers, deficits in staff numbers across both medical and nursing, poor CTG (trace) interpretation, and concerns relating to the administration of oxytocin during labour. The review report raised concerns around the way many families were

communicated with during or after their time in the hospital. The report also highlighted historical issues relating the governance structures in place between the hospital and the group at that time.

Having considered the matter Council was of the view that the shortcomings for a teaching hospital were of concern. It was noted that since the concerns were identified in late 2014, the Saolta Group and Portiuncula University Hospital have put in place a significant number of measures to improve patient safety, all of which addressed the issues raised in the report. The review report made specific recommendations in relation to the need to establish a maternity network within the Saolta Group allowing for the sharing of expertise and facilitate greater collaboration and teamwork within the network which will strengthen the operational resilience of smaller units.

Council directed that the Executive write to the hospital to ask how they are addressing the deficiencies identified.

Audit, Strategy and Risk Committee

The report of the Audit, Strategy and Risk Committee meeting was presented to Council.

Council noted that there had been some recommendations given by Mazars following the recent Governance Review. The key areas examined in the review included; focusing on the organisation's purpose and outcomes, performing in clearly defined functions and roles, promoting and demonstrating values through behavior, taking informed decisions and managing risk, Capacity and capability to be effective and engaging stakeholders and making accountability real. The Management had provided responses to each recommendation and Council approved the Governance Report prepared by Mazars.

Council approved the draft Annual Report 2017.

Council noted that the Committee had met with Comptroller and Auditor representatives to discuss the Audit of the 2017 Financial Statements. Council were advised that the Comptroller and Auditor General would clear Audit Opinion once the financial statement had been signed. Council approved the report of the Comptroller and Auditor General.

Council noted that there had been no material changes made to the Financial Statements since their pre-approval by the Committee prior to Comptroller and Auditor General Audit. The amendments made to the Governance Statement and the Statement of Internal Control in compliance with the 2016 Code of Practice for State Bodies had been outlined. The Governance Statement now includes more detail on the structure of Council and outlines the structure and purpose of the main Committees. Council approved the 2017 Financial Statements.

Council was advised that the Governance Framework had been updated in response to the findings in the Governance review completed by Mazars and the 2016 Code of Practice for State Bodies. Council noted the Committee's recommendation to approve the Council Governance Framework. Council approved the updated Governance Framework.

Council noted the Committee's recommendation to approve the Terms of References for the Fitness to Practice Committee and the Health Committee. Council approved the terms of references.

Council considered the updated Protected Disclosures Reporting Policy to the ASRC for approval which had been drafted to be as open as possible to allow flexibility in implementation and explicitness in terms of supportive definitive actions. Council noted that the Designated Officer is the Secretary to Council to enable Human resources and others to be consulted if needed and to maintain independence. Council approved the Policy document.

Council reviewed the updated Code of Conduct Council and Committees which was drafted from the Code of Practice for State Bodies 2016 and the of the Medical Council's previous version of the Code of Conduct. It was noted that the Code is applied to all members conducting Council work. Council approved the updated Code of Conduct subject to the inclusion of the appendix.

Council noted that the term of office of the Chief Risk Officer was due to expire in June 2018. Council noted that Ms Penelope Kenny, Head of Corporate Governance and Secretary to Council had volunteered to be the Chief Risk Officer. Council approved the appointment of Ms Kenny as Chief Risk Officer.

Council noted the update on quarter 1 of the 2018 Business Plan and agreed that it has been an extremely busy 1st quarter with progress being made in most areas.

Council was updated in relation to the Quarter 1 Management Accounts and Variance Analysis.

Council noted that in view of upcoming implementation of GDPR on 25th of May finding of the audit report, which related to project governance. It was recommended that a Steering committee will be set up in relation to GDPR project governance.

Council noted that the Q1 Investment Report.

Council approved the report of the Audit, Strategy and Risk Committee. The Vice-President thanked the Mr Hurley for being an excellent Chair during this Council term and also thanked the Executive for their support.

Property Strategy Review Group

The report of the Property Strategy Review Group meeting held on 2nd May, 2018

Council noted that some minor alterations to the first floor to accommodate three further workstations had commenced and that the requirement for additional space had abated due to the reduction in meetings taking place. However Council was advised that the Executive would continue to consider outsourcing options and reconfiguration in light of the incoming Council term.

Council was advised that during the changeover of the Council's term the Executive would continue to look at a number of options to address the spatial needs of the organisation to keep disruption to a minimum.

Council approved the report of the Property Strategy Review Group. The Vice-President thanked Dr Barragry for his Chairmanship and the Executive for their ongoing support.

Risk Register

The Chief Risk Officer provided an update to Council on the Risk Register, compiled in May 2018. Council noted 4 items noted as being red risks. One new item has been added to the register which relates to the Medical Council's ability to comply with GDPR given the Council's functions under the MPA 2007.

Registration and Continuing Practice Committee (RCPC)

The report of the Registration and Continuing Practice Committee meeting was presented to Council.

Council was advised that the following practitioners have chosen not to seek a review of the RCPC's decision to refuse registration and the review window has expired:-

Council confirmed the decision of the Committee to refuse registration and the review window had expired.

Council noted the PRES Level 3 Spring Results which took place in Galway in March, 2017.

Council noted that actions taken to address enrolment on a PCS have been effective with 97.9% now being enrolled. Further efforts will be done to reduce the number of non-enrolled, which will include corresponding directly with non-enrolled doctors, and sharing the list of non-enrolled with the PGTBs in an effort to identify those who remain non-compliant.

Council noted the Performance Assessment Case Management.

Council approved the report of the Registration and continuing Practice Committee.

Council members thanked the Vice-President and the Executive for their hard work during over the past 5 years.

Section 11 Rules for Professional Competence

Mr Brady advised that following the public consultation process, no substantive issues had emerged. Council noted that the consultation process had identified the need for further clarification in respect of a number of issues. Council meeting with the National Treasury Management Agency was being sought to discuss further and the responses received would form part of the broader communication to doctors. Council approved the Rules and the Rules where then signed by the Vice-President and CEO.

Maintenance of Professional Competence 2017/2018 Report

Council considered the Report which provides an overview of the achievements to date and action taken to monitor and address maintenance of professional competence implementation issues. In 2017, the Medical Council conducted two major projects to address compliance with and evolvement of maintenance of professional competence (MPC) model. Council approved the Report.

Safe Start Update

Council noted the draft booklet which has been developed in relation to the Safe Start project. The aim of the booklet was to cover the key educational needs identified in the Safe Start report of prescribing, namely, end of life care, consent, record keeping and professional conduct and ethics. Council was advised that the booklet will be circulated to the Postgraduate Training Bodies for review and additional input. When finalised, the booklet will be issued to doctors entering the Irish health care system for the first time.

Education, Training & Professional Development Committee (ETPDC)

The report of the Education, Training and Professional Development Committee was presented to Council.

Council approved following accreditation and inspection visits:

- UCC DEM Accreditation Report
- UCC GEM Accreditation Report
- NUI Galway Accreditation Report
- Penang Medical College Accreditation Report
- PU-RCSI Accreditation Report
- South/Southwest Hospital Group Regional Inspection Report

Council acknowledged that this was a significant piece of work undertaken by the Committee.

Council was advised that, subsequent to the Accreditation visit, Penang Medical College (PMC) had received approval from the Ministry of Higher Education in Malaysia to be upgraded to that of Foreign University Branch

Campus (FUBC). The process of gaining FUBC status required the College to take on a new name and will be transitioning to the name 'RCSI and UCD Malaysia Campus' (RUMC). Council approved the change of name and status of Penang Medical College to RSCI and UCD Malaysia Campus and agreed that an addendum to the above report would be inserted, prior to seeking the approval of the Minister.

Council was informed that, as of 2023, all physicians applying for access to postgraduate training in the USA will only be entitled to do so if they graduate from a medical school which is accredited by an accrediting agency recognized by the World Federation of Medical Education (WFME). Council noted that, in relation to Irish medical schools, the Medical Council must be recognised by the World Federation of Medical Education as an accrediting agency before 2023. Council noted the Committee's recommendation that the Medical Council undertake the Programme for Recognition of Accrediting Agencies developed by WFME and the Foundation for Advancement of Medical Education and Research (FAIMER).

Council noted the Committee's recommendation to approve the specialist training programme in Intensive Care Medicine and the Joint Faculty of Intensive Care Medicine as the body which may grant evidence of satisfactory completion of specialist training in Intensive Care Medicine. Council approved the programme in Intensive Care Medicine subject to the standard condition for new programmes contained in the report and the Joint Faculty of Intensive Care Medicine as the body which may grant evidence of satisfactory completion of specialist training in Intensive Care Medicine, subject to the standard condition for new programmes contained in the report.

Council was advised that the Committee had considered the potential impact of the Human Tissue Bill on the Medical Council. The Committee was of the view that the additional responsibilities contained in the Bill would have considerable resource implications and place a considerable burden on Council.

Council noted that the Consultation meeting on Specialty Recognition and Credentialing which took place on Monday, 30th April, had been well attended and useful with all but one of the PGTBs represented. It was decided that the Council would approach the Irish College of General Practitioners and College of Psychiatry initially with a view to further exploring the viability of credentialing in these two areas of medical practice, as there appeared to be some interest in both areas. In the meantime, the process of specialty recognition would be reopened as soon as practicable once the documentation is finalised.

Council noted that a Sub-Group of suitably-qualified Assessor Panel members is to be formed to review the self-evaluation questionnaires received from postgraduate training bodies from programmes due to be re-accredited. It will be open to the Sub-Group to seek further information from the training body and/or seek external specialty-specific expertise, in order to make informed recommendations to the appropriate Committee during the next Council term. It will also be open to the Sub-Group to recommend that a full accreditation meeting be convened, if deemed necessary.

Council was updated in relation to the Clinical Training Sites of the ICGP and Mental Health Commission oversight of GP and Psychiatry and hospital clinical training sites, Saolta University Healthcare Group meeting and the Clinical Training Site Inspection Workshop.

Council noted the Committee review of the substantial work carried out by the Education Training and Professional Development Committee and the Executive during this term of office. The Chair commended Committee members for their dedication and hard work throughout the Council term and thanked the Executive for their advice and support.

Council approved the report of the Education, Training and Professional Development Committee.

The Vice-President thanked Professor Johnson and Profession O'Herlihy in the role as Chair and thanked the Committee and the Executive for their hard work and commitment over the last 5 years.

Health Committee (HC)

The report of the Health Committee meeting was presented to Council.

Council noted the number of practitioners supported by the Health Committee.

Council noted the Committee's recommendation to release of one practitioner from the support of the Committee arising from the practitioner's most recent review session and the positive medical reports received. Council approved the practitioner being released from the support of the Committee.

Council noted the Committee's recommendation to remove a condition which had been attached to the retention of one practitioner's name in the Register in accordance with the provisions of section 53(3) of the Medical Practitioners Act, 2007. Council approved the removal of the condition attached to the practitioners name in the Register.

Council noted the Committee's recommendation to release of one practitioner from the support of the Committee as the Chair of the Committee informed Council that the practitioner does not accept that they have a health issue that requires support and is not engaging with his healthcare professionals. Council approved the release of the practitioner concerned.

Council noted the number of review sessions conducted by the various teams Council noted the number of review sessions conducted by the various teams, medical reports and the Committee's recommendation that ongoing support be continued.

Council noted that arising from the review session report and medical reports received regarding one of the practitioners that the Committee is supportive of the doctor taking up non-clinical practice.

Council was advised that there was two new referrals to the Committee for support and noted that review sessions have been arranged for each of the practitioners in the coming months.

Council approved the report of the Health Committee.

The Vice-President thanked the Council members for the Committee's work and commitment over the last 5 years.

Item 11- Monitoring Committee (MC)

The report of the Monitoring Committee meeting was presented to Council.

Council noted the breakdown of medical practitioners who have conditions attached to the retention of their name in the Register.

Council approved the Committee's recommendation to approve a nominated doctor to carry out an assessment on a practitioner in order to obtain a medical report regarding their fitness to practice in accordance with a condition attached to their name on the Register.

Council noted that one practitioner had provided a signed self-declaration confirming that they are not prescribing any drugs save those as set out in the conditions.

Council was advised that that a visit to the practice premises of one practitioner for the purpose of confirming compliance with conditions had been completed. Council noted that arising from the visit the Committee had requested that the practitioner provide the name of a new nominated mentor to develop a new Professional Development Plan.

Council was advised that one practitioner had attended a meeting of the Committee to reaffirm their plans for complying with the conditions attached to the retention of their name in the Register.

Council noted that one practitioner had provided a signed self-declaration confirming they are not currently engaged in the practice of medicine within the jurisdiction.

Council was advised that the High Court order confirming the conditions attached to one practitioner's registration had been considered by the Committee and noted that the practitioner may be removed from the Register pending a review regarding the non-payment of Registration fees.

Council noted that a practice visit will be undertaken to one practitioner.

The Committee wishes the Council to note that correspondence and documentary evidence of compliance was received, where appropriate, from each of those other practitioners currently practising within the jurisdiction with conditions attached to the retention of their name in the Register and that such further evidence would be taken up as when required in order to confirm compliance.

Council approved the report of the Monitoring Committee.

The Vice-President thanked the Council members for the Committee's work and commitment over the last 5 years.

Item 12 – Nominations & Development Committee (NDC)

The report of the Nominations and Development Committee meeting was presented to Council.

Council noted the Committee's recommendation to approve the Equality & Diversity Strategy prepared by the Equality & Diversity Working Group. Council agreed that this is a positive development and a useful tool for the next term of Council. Council approved the Equality & Diversity Strategy document.

Council considered the Committee's recommendation in relation to the CPD activity for the Education and Training activities Council approved the updated CPD credits.

Council noted the resignations from am member of the Fitness to Practise Committee and the Strategy and Policy Sub-Committee. It was agreed that letters of appreciation be sent to the members thanking them for their hard work.

Council noted that that input on PPC decisions would be included in the Induction programme for the next Council Term. In particular around the practice that mediation is underused and is offered only after a no further action decision. It should be a first attempt at resolution before any decision.

Council approved the report of the Nominations and Development Committee.

The Vice-President thanked the Council members for the Committee's work and commitment over the last 5 years.

Ethics & Professionalism Committee (EPC)

The Chair of the Ethics Committee informed Council that the meeting had been cancelled, as it had failed to reach a quorum.

Ethics & Professionalism Committee Lookback Review

Council noted the Lookback Review prepared by the Executive. The Vice-President acknowledged Dr Dillon's leadership as Chair of the Committee and dedication to an important aspect of the Council's work.

Media Log

Council noted this Item.