

**Memorandum of Understanding  
between the Medical Council and  
the Pharmaceutical Society of  
Ireland**

**September 2011**

# Memorandum of Understanding between the Medical Council and the Pharmaceutical Society of Ireland

## 1. Parties

1.1 This Memorandum of Understanding is made between the Medical Council and the Pharmaceutical Society of Ireland (PSI).

1.2 The Registrar/Chief Executive Officer of the PSI and the Chief Executive Officer of the Medical Council shall have responsibility for the monitoring and implementation of this Memorandum of Understanding.

## 2. Scope and Purpose

2.1 This Memorandum of Understanding has been agreed between the Medical Council and the PSI. It applies to the Republic of Ireland only and is intended to provide a framework to assist the joint working of the two organisations to ensure maximum effectiveness and efficiency when carrying out their statutory functions.

2.2 It outlines the basis of co-operation and collaboration 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 PSI are contained within Appendix A to this document.

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

### 3.1 Pharmaceutical Society of Ireland

The Pharmaceutical Society of Ireland (PSI) as established under the Pharmacy Act 2007 is charged with regulating the practice and profession of pharmacy in Ireland in the public interest. The primary objectives of the PSI are to lead, regulate and develop the profession of pharmacy and to supervise compliance with the Pharmacy Act 2007 and instruments made under it. The PSI's principal functions under the Pharmacy Act 2007 are as follows:

**Registration:** The PSI maintains the Register of Pharmacists, Druggists, Pharmaceutical Assistants and Retail Pharmacy Businesses in Ireland. The PSI also determines and applies the criteria of registration to each application as laid down in the Pharmacy Act 2007 and the statutory rules made there under. The PSI also acts as the registration authority for pharmacists wishing to practise in Ireland who have obtained their qualification outside of Ireland and the EU and acts as the competent authority for mutual recognition of qualifications from other EU countries.

**Regulation:** The PSI regulates the profession of pharmacy in the State having regard to the need to protect, maintain and promote the health and safety of the public. The PSI draws up codes of conduct for pharmacists and oversees the quality assurance and application of best practice across the sector.

**Education:** The PSI accredits undergraduate pharmacy degree programmes offered in the State and The PSI acts to promote and ensure a high standard of education for pharmacy students and ensuring that registered pharmacists undertake appropriate continuing professional development (CPD).

**Inspection and Enforcement:** Under Part 7 of the Pharmacy Act 2007, the council of the PSI has the power to inspect pharmacy practices, enforce pharmacy legislation and enforce various statutory provisions in respect of the practice of pharmacy and the sale and supply of medicines in Ireland. Section 7(2)(b) of the Act also gives the Council of the PSI the power to authorise persons to exercise the powers of entry and inspection of drugs and documents, as set out in section 24 of the Misuse of Drugs Act 1977 and to appoint persons as authorised officers for the purposes of Section 32B of the Irish Medicines Board Acts 1995 (as amended).

**Fitness to Practise/Operate:** The PSI conducts inquiries to determine “fitness to practise” and “fitness to operate” and processes complaints relating to pharmacy practice and operation. Under the Pharmacy Act 2007 the Registrar of the PSI has the power, when instructed by Council, to refer matters relating to reports of investigation by authorised officers, as required, to any public body or authority exercising functions which are relevant to the matters considered by the Council.

**Improvement of Pharmacy Practice in the Public Interest:** The PSI promotes the highest standards of pharmacy practice. Under the Pharmacy Act 2007 the PSI has the power to make public statements about any aspect of pharmacy to which its functions relate.

**Governance:** The PSI is governed by a 21 Member Council consisting of a non-pharmacist majority. The Act also provides that one member of Council shall be nominated by the IMB as a representative of the management of the regulation of medicinal products.

### 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

**Establish and maintain the register of medical practitioners:** The main functions of the Registration Section are: processing applications for general, specialist, trainee specialist, visiting EEA and internship registration; implementation of policies and decisions set by the Registration Working Group and the Standards in Practice Committee; maintenance of the register; assisting with registration-related queries.

**Approve and review programmes of education and training necessary for the purposes of registration and continued registration:** The Education and Training Section support the Council's functions in setting and monitoring standards in undergraduate, intern and postgraduate education and training in Ireland. This includes accreditation of undergraduate and postgraduate programmes and bodies; determining which specialties should be recognized; producing criteria and guidelines on a range of education and training issues (including ethical standards and behaviour for medical students, curriculum issues and content and the awarding of qualifications). Its monitoring functions include the inspection of clinical training sites, both hospital and community-based. The Section also administers the Pre-Registration Examination System (PRES).

**Specify and review the standards required for the maintenance of the professional competence of registered medical practitioners:** The Professional Competence Section is responsible for developing and implementing a system for the regulation of the maintenance of professional competence in line with Council policy. This will be achieved through establishing, operating and monitoring schemes for the maintenance of professional competence applicable to all registered medical practitioners and schemes for the assessment of professional performance in response to specific concerns regarding individual registered medical practitioners.

**Specify standards of practice for registered medical practitioners including providing guidance on all matters related to professional conduct and ethics. This section also conducts disciplinary procedures:** The main functions of the Professional Standards Section include:

- corresponding with complainants and registered medical practitioners with regard to complaints files for review by the Preliminary Proceedings Committee (PPC) (Pursuant to section 57(1) of the Medical Practitioners Act 2007
- organise Fitness to Practise Committee (FTPC) hearings into the conduct and/ or fitness to practise and/ or poor professional performance and/ or relevant medical disability of registered medical practitioners
- preparing documentation for each PPC and FTPC meeting/ hearing; dealing with the correspondence following those meetings/ hearings; and drafting the arising minutes for approval
- drafting guidelines required under the legislation and carry out investigations on the direction of the PPC

## **4. Co-operation**

The PSI and the Medical Council are both engaged in the discharge of their respective regulatory 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 PSI 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 Collaboration in the discharge of regulatory functions**

The PSI and the Medical Council will collaborate in order to facilitate the exchange of information in situations where either party to this agreement comes across information which could be considered relevant to the other's role.

- Both parties agree to make complaints, where necessary / or as and when required, to one another regarding breaches of the Pharmacy Act 2007 and the Medical Practitioners Act 2007, made by registered medical practitioners, registered pharmacists and/or registered retail pharmacy businesses (pharmacy owners) in the interest of patient safety and public protection.
- Both parties agree to work together to promote knowledge and understanding of all matters concerning the safe and rational use of medicines in the interest of patient safety and public protection.

### **4.2 Collaboration in seeking value through shared services**

- To work together, and with other regulators, to ensure mutual learning in relation to a range of functions e.g. fitness to practise matters, education and training and the maintenance of professional competence and also to consider opportunities for obtaining value through shared services initiatives.
- To work together, and with other regulators to consider opportunities for savings in the procurement of training for Council and Committee members.

## **5. Sharing of Information**

5.1 In principle, where matters come to the attention of either body in the course of their activities that either would consider to be of concern to the other, each organisation will co-operate as far as possible to ensure that the relevant information is shared in a timely manner with the other organisation. However, while every endeavour will be made to facilitate such sharing of information, it is understood by both parties that there may be occasions on which there may be legal or other impediments which prevent either body from informing the other.

5.2 The sharing of confidential information shall be on the basis of criteria agreed by both organisations with particular regard to:

- (i) protecting the source of that information (as may be necessary), and
- (ii) the best interests of public health and patient safety.

Such criteria shall take into account the requirements of the Freedom of Information and Data Protection Acts.

5.3 Except as required or permitted by law, information shared between the Medical Council and the PSI, as outlined below, will not be provided to third parties:

1. In the case of the Medical Council, providing information to the PSI, regarding the conduct, performance and/or fitness to practise/operate of a registered pharmacist or a retail pharmacy business (pharmacy owner) in accordance with the Pharmacy Act 2007 or any other relevant legislation.
2. In the case of the PSI, providing information to the Medical Council, regarding the conduct, performance and/or fitness to practise of a registered medical practitioner in accordance with the Medical Practitioners Act 2007 or any other relevant legislation.

5.4 Provision of information will be considered on a case by case basis and in the interests of public health.

1. Each party shall endeavour to respond to a request for information within 14 days.
2. In the event that a request for information is refused, the party refusing the request shall provide reasons, normally in writing.
3. Where information which is shared is subject to an embargo date for public dissemination, each organisation will respect the embargo date.

## **6. Communication and other issues**

6.1 The PSI and the Medical Council recognise and acknowledge the important role that education has to play in ensuring the wider knowledge and understanding of the regulatory and administrative frameworks and their implementation and operation that govern the regulation of medical practitioners, pharmacists and pharmacies in the State. To this end, both bodies are committed, where relevant, to sharing and working together on the provision of guidance for pharmacists, medical practitioners, other stakeholders and the wider public as appropriate.

6.2 Both bodies also endeavour to collaborate on external communications.

Areas of specific interest in this regard include, but are not limited to:

1. Involving each other, as appropriate, in conferences and public discussions about matters of mutual concern.
2. Involving each other, as appropriate, in working groups, meetings and discussions between organisations on matters of mutual relevance.
3. Ensuring that potential and actual complainants receive accurate and helpful information on the appropriate avenue for pursuing their concerns.

6.3 Both the PSI and the Medical Council are committed to ensuring that each body has a full and complete understanding of the roles, functions, policies and administrative procedures of the other. Accordingly, both bodies are committed to maintaining and further developing each body's knowledge and understanding of the other by whatever mutually agreeable means, determined by both bodies, so as to facilitate partnership and co-operation in the discharge of each body's respective functions in the public interest.

## 7. Legislation

7.1 Both the PSI and Medical Council, at the request of the Department of Health and Children, routinely advise on the drafting and introduction of legislation falling within the remit of their respective statutory roles and functions. It is agreed that each body will, insofar as is possible, include the other in the process of consultation on proposals for new or amended legislation that is of mutual interest and concern.

## 8. Meetings

8.1 In light of the range of issues of mutual concern to the PSI 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.

## 9. Commencement and Termination

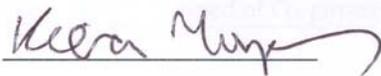
9.1 This Memorandum of Understanding shall take effect upon a signature of both parties and shall continue until such time as it is terminated or superseded by a revised document.

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

9.3 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.

9.4. The main contact person from the Medical Council regarding this MOU is Ms. Lisa Molloy, and from the PSI is Dr. Cheryl Stokes.

### Signed on behalf of the Medical Council:



PRESIDENT  
Position

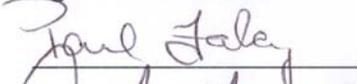
26-10-11  
Date



CEO  
Position

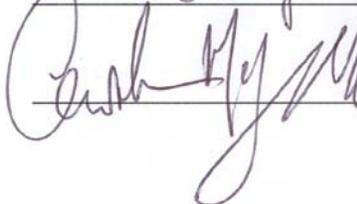
26/09/11  
Date

### Signed on behalf of the PSI:



President  
Position

26/9/2011  
Date



Registrar/CEO  
Position

26/9/2011  
Date

Appendix A

**The Medical Council List of Main Contacts**

<b>Name</b>	<b>Position</b>	<b>Contact No.</b>	<b>Email</b>
Ms. Caroline Spillane	Chief Executive Officer	01- 4983111	<a href="mailto:cspillane@mcirl.ie">cspillane@mcirl.ie</a>
Mr. Marcus Balfe	Head of Finance	01-4983106	<a href="mailto:mbalfe@mcirl.ie">mbalfe@mcirl.ie</a>
Mr. William Kennedy	Head of Professional Standards & Legal Advisor	01-4983113	<a href="mailto:Wkennedy@mcirl.ie">Wkennedy@mcirl.ie</a>
Ms. Lisa Molloy	Head of Corporate Services	01-4983152	<a href="mailto:lmolloy@mcirl.ie">lmolloy@mcirl.ie</a>
Mr. Jim McDermott	Head of Operations & ICT	01-4983169	<a href="mailto:jmcdermott@mcirl.ie">jmcdermott@mcirl.ie</a>
Dr. Anne Keane	Head of Education & Training	01-4983140	<a href="mailto:akeane@mcirl.ie">akeane@mcirl.ie</a>
Dr. Paul Kavanagh	Head of Professional Competence	01-4983141	<a href="mailto:pkavanagh@mcirl.ie">pkavanagh@mcirl.ie</a>
Mr. Philip Brady	Head of Registration	01-4983135	<a href="mailto:pbrady@mcirl.ie">pbrady@mcirl.ie</a>

**The Pharmaceutical Society of Ireland List of Main Contacts**

<b>Name:</b>	<b>Position:</b>	<b>Contact No.</b>	<b>E-mail address:</b>
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Ms. Lorraine Horgan	Head of Professional Development & Learning	01-2184069	<a href="mailto:lorraine.horgan@thepsi.ie">lorraine.horgan@thepsi.ie</a>
Ms. Damhnait Gaughan	Head of Registration & Qualification Recognition	01-2184006	<a href="mailto:damhnait.gaughan@thepsi.ie">damhnait.gaughan@thepsi.ie</a>
Ms. Kate O'Flaherty	Head of Communications & Public Affairs and Acting Head of Pharmacy Practice Development	01-2184012	<a href="mailto:kate.oflaherty@thepsi.ie">kate.oflaherty@thepsi.ie</a>
Mr. John Bryan	Head of Inspection & Enforcement	01-2184068	<a href="mailto:john.bryan@thepsi.ie">john.bryan@thepsi.ie</a>
Mr. Seoirse O hAodha	Acting Head of Administration & Finance	01-2184017	<a href="mailto:seoirse.Ohaodha@thepsi.ie">seoirse.Ohaodha@thepsi.ie</a>
Ms. Ciara McGoldrick	Head of Fitness to Practise & Legal Affairs	01-2184033	<a href="mailto:ciara.mcgoldrick@thepsi.ie">ciara.mcgoldrick@thepsi.ie</a>
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