Medical Council
Comhairle na nDochtúirí Leighis
Newsletter
The Medical Council regulates the Medical Profession in Ireland
Volume 4, Issue 1 May 2005

Members of the Irish Medical Council 2004-2009

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Dr Colm Quigley (Vice-President) (Elected)
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Dr Bernard Ruane (Elected)
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Dr Declan Sugrue (Elected)
Consultant in a General Hospital
Professor W Arthur Tanner
Appointed by the RCSI to represent the surgical specialties
Ms Margo Topham
Appointed by the Minister for Health and Children to represent the interests of the general public

Registrar: Mr John P Lamont

From the President


Dr John A Hillery

Raymond Tallis states that the practice of medicine is, mostly, invisible. We can all relate to that statement. The daily work of the majority of clinicians goes on with little public notice. Unfortunately, when the practice of medicine becomes visible it is often for reasons that are not representative of the individual members of the profession. When such visibility occurs, the critics rail against the 'secrecy' and 'closed rank cronyism' of the medical profession. This is unfair. However it is no longer sufficient to regulate ourselves and expect that such be accepted without supporting evidence. We must show that we do so and how we do so.

Self regulation starts with each individual member of the profession, extends through interactions with colleagues locally and nationally and ends in the manifestation of this privilege, the Medical Council. Certain high profile cases in the last two years, here and abroad, have suggested that weaknesses exist at different levels of this progression. It is difficult to answer as to why no-one spoke or acted in patients' best interests while certain questionable and sometimes devastating practices continued.

In the UK Dame Janet Smith (Chairman of the Shipman Inquiry) in her 5th Report (published in December), asks similar questions of the profession and, more especially, of the regulating body. The GMC, she states, is disadvantaged by the "perception, shared by many doctors that it is supposed to be representing them. It is not; it is regulating them."

The case for self-regulation is grounded on three propositions. There are certain skills and knowledge unique to a profession that only members of that profession are equipped to evaluate. Professionals are to be trusted to work conscientiously without supervision. The profession itself will take appropriate action when a member acts incompetently or unethically. I do not think that the possible alternative to self-regulation, described by Sir Donald Irvine, former President of the GMC, as "clinical micromanagement by contract and protocol" would benefit the public, never mind the individual doctor.

The Council's role is not debated, except in times of crisis. Then the discussion is clouded by defensiveness or anger. In my time on Council I am aware that the Council is seen by the profession as a possible oppressor and by the public as a secretive protector of doctors. These viewpoints can seem to be reasonably held but are misinformed. In my opinion the Council is the public manifestation of the profession keeping its side of the contract. The Council does need to be more open and proactive. For this to happen legislative change is needed.

Self-regulation was described by the Merrison Commission as being a mutually advantageous contract for the medical profession and the public. The debate in the Dáil when the current Medical Practitioners Act was presented in 1977 acknowledged this and accepted the benefits of medical self-regulation. The dissenting voices focused on the paucity of lay representation and the perceived imbalance in the constituent membership. It is interesting to note that these issues have been reiterated in the intervening years by my predecessors. The Tánaiste and Minister for Health and Children has reacted to this by finding room in the current Act for an increased lay representation, which the current work-load requires urgently. **Cont'd on Page 2**


Medical Council 2004-2009

Medical Council, Lynn House, Portobello Court, Rathmines, Dublin 6, Ireland.
Tel: +353 1 498 3100 Fax: +353 1 498 3102 www.medicalcouncil.ie

New Finance and Governance Committee established

One of the decisions which the Medical Council had to consider at the beginning of its new term was the matter of internal governance. The Council supported the creation of a new committee namely Finance and Governance, which would focus on a number of organisational issues, for example cost control and accommodation. The Standing Orders of the above Committee include the role of the Registrar and his responsibility to the President and Council. The first meeting of the Finance and Governance Committee was held in July 2004.

The first proposal included the establishment of a finance section and the appointment of an accountant and staff to develop appropriate strategies in the collection of registration fees and the financial governance of the Council. This section is now fully operational and has already enhanced the financial arrangements of the Council.

It is envisaged that a reduction in income will inevitably occur with the continuing fall off in temporary registration fees and overseas retention fees. Some further innovative procedures must, therefore, be considered to defray the loss of such income. These changes will inevitably be considered by the Committee in conjunction with the Finance Section.

Other decisions of the Council which have taken effect include the appointment of a Secretary to the Council to deal with all Council business, and who will work with the Registrar to add efficiency and continuity to the workings of the Council. This appointment is on a temporary basis and will be kept under review. The appointment of the Head of Registration, David Hickey, as Deputy Registrar is another outcome of the Committee's deliberations. The Deputy Registrar will have responsibility for Human Resources and other corporate affairs including support for the Council.

Finally, the Finance and Governance Committee is conscious that proposed amendments to the legislation governing the Medical Council will have a significant effect on the way that the Council conducts its business in the many areas in which it is involved. To this end the Committee has set up a number of small working groups to address key governance issues. It is also keen to ensure that the services provided by the Council are of the highest quality. To this end the Committee hopes to maximise the expertise within the Council's administration to provide an efficient and cost conscious organisation to serve both the interests of the public and the medical profession.

Report of 1999-2004 Council

Readers might be interested to note that the report of the out-going Council is available on our website – www.medical-council.ie. The report features an overview of the activities of the Council and its committees over the period 1999-2004, but also some useful statistics. Some of these statistics can be found on page 6 of the newsletter.

Who's Who in the Council

Committee Chairs
Fitness to Practise: Mr JB Healy
Registration Committee: Dr C Quigley
Education and Training: Professor MX Fitzgerald
Ethics: Mr H Bredin
Medical Ionising Radiation: Dr MF Hurley
Finance and Governance: Professor JAB Keogh
Health: Dr D Sugrue
Working Group on Competence Assurance: Dr C Quigley
Advisory Committee on Competence Assurance: Dr C Quigley

Heads of Section
Registrar: John Lamont
Deputy Registrar and Head of Registration: David Hickey
Education and Training: Anne Keane
Finance: Marcus Balfe
Professional Standards: William Kennedy

Recent Staff Changes
Congratulations to David Hickey who has been appointed as Deputy Registrar. Other recent promotions include Ciara McMorrow, Karen Willis, Paul Monaghan, Ruth Thompson and Jessica Wu.

The editors would also like to welcome the following staff members who have joined the Council in 2005: Marcus Balfe, Jill Barry, Barry Curtin, and Sofie O'Shea.

From the President

(cont'd from Page 1)

2005/2006 will see the evolution and delivery of new legislation updating the existing Medical Practitioners Act. Over the last ten years successive Councils have sought the powers to be proactive as regards standards and maintenance of public trust. In my time on Council I have seen a softening in the profession's attitude to such a change. The Tánaiste is supportive of continued self-regulation if it works and is seen to work. The Council and the profession are asked to contribute to the development of this legislation.

The Council is currently developing its' views on how the new legislation might shape the future of medical regulation in Ireland. Membership, procedures and the registers themselves are issues whose format this Council is critically addressing. For example: How are we to insure appropriate lay representation on Council while not making the size unmanageably large? Should there be just two forms of registration: training and specialist? What form and power should the legislation give to Competence Assurance Structures? Should any misdemeanour lead to a Fitness to Practise Inquiry or should there be other interventions possible that would protect patients and be less complex and traumatic? Do doctors see the move to increased openness and pro-activity as threatening and coercive? Do we see an alternative to self-regulation? Would we prefer to leave it to someone else?

The Medical Council has been informed by the Department of Health and Children that it is intended to finalise the amendments to the MPA for presentation to Cabinet in the first half of 2005. Thus, the Medical Council has a limited period in which it can make submissions to the Department for consideration by the Tánaiste as Minister for Health and Children. This process overlaps with the recent publication of the Health and Social Care Professions Bill and the Veterinary Practice Bill, both of which relate to the regulation of professions. My colleagues and I undertake to consider all such input as we formulate our position and enunciate it in our on-going contact with the Tánaiste and the relevant officials of the Department of Health and Children. An overview of the draft Heads of Bill can be found at www.medicalcouncil.ie/news/default.html

A former lay-member of the GMC, Meg Stacey, wrote of the privilege of self-regulation as being granted as part of "a regulative bargain". It was granted in exchange "for the promise of ensuring good service". Our actions as individual doctors and as publicly manifest through the Medical Council should be about ensuring that good practise is noted and poor practise is dealt with through remediation where possible and where necessary through removal of the incompetent and the malevolent from the profession. We practise in a time when the regulative bargain seems to have been broken by some members of our profession. Due to the actions of a few, we individually and collectively have to work to reinstate the bargain. The amended Medical Practitioners Act will define the extent to which we can do this. We must all have an input to its development. The Medical Council looks forward to hearing from you.

If you would like to make a submission or make a comment on any aspect of the legislation that you believe should be changed please send it to:
Dr John Hillery, President or John Lamont, Registrar, at
Lynn House
Portobello Court
Lwr Rathmines Road
Dublin 6

Report from the Registrar

Mr John P Lamont

As the new Registrar of the Medical Council I am delighted to have the opportunity to introduce myself in this, the first newsletter of the Sixth Council.

I took up the appointment to this post in May 2004. Since then I have been familiarising myself with the extensive work of the organisation which covers a very broad range of activities. Apart from the key role of establishing and maintaining the General Register of Medical Practitioners and the associated Register of Medical Specialists, the Council has a statutory role in areas dealing with medical education, professional regulation and setting standards for medical ionising radiation. In respect of these activities the Council engages with a large number of healthcare organisations and other statutory and representative bodies. Of their nature, the core functions of the Medical Council go beyond national borders and there are medical practitioners in more than 50 countries on our register. In addition, we keep in close contact with many of the other regulatory bodies particularly within the European Union and in North America, Australasia, Central Asia and the Middle East. This contact can relate to registration and regulatory issues but also in sharing information on statutory arrangements and international directives. Finally the Council is a member of a number of international groups dealing with registration and regulation of medical practitioners, with educational and ethical matters. This latter area of the Council's activity is acquiring a growing importance.

Internal changes at Lynn House in the last year have included the establishment of a Finance Section to deal with all the financial workings of the Medical Council. This work was undertaken by an external accountancy firm in recent years and I am grateful to BFCD for their involvement over the last number of years in this regard. Thus all future dealings in respect of payment of fees will be dealt with by Medical Council staff. We have also reorganised the office accommodation at Lynn House with the intention of providing a better working environment.

In respect of Lynn House, this building has served the Medical Council well since the move from Hatch Street. The last Council did explore some options regarding alternative accommodation but it was decided to concentrate efforts on making Lynn House more habitable for staff in the short term and keep the potential relocation on the agenda for the time being. This decision was informed in a significant way by the cost of relocating for which the Medical Council simply does not have adequate funds at present.

There are 31 staff employed by the Council most of whom are assigned to the functions outlined above. In addition to the staff in these areas there are staff responsible for reception, general services and running the Registrar's office. I have been impressed since my arrival by the commitment of, and the quality of the work undertaken by, the Council members and staff.

As with any organisation, the Medical Council's financial resources are a significant aspect in dictating the services that the Council can provide to the profession, the public and the statutory authorities. The Council will shortly publish its accounts and financial report for 2004. While the summary of the Medical Council's income indicates that it is adequate for the performance of the basic statutory requirements, the regulation of a profession is a dynamic practice and requires careful monitoring of practice in other jurisdictions as well as in other professions. This is particularly true in a European context and taking into account the legislative environment in Ireland.

Currently, the Council's resources do not allow for extensive involvement in research and development, activities which are essential in any area of healthcare, protection of the public good, maintenance of professional standards or professional regulation. Thus, the Council is reviewing its financial position and will be developing a plan for the introduction of essential activities in line with the amendments to the Medical Practitioners Act 1978 that are anticipated to take effect within the next year. Regular updates will be made available through future editions of the newsletter and on the website.

Ethics Committee, 2004

Section 69(2) of the Medical Practitioners Act, 1978 states that "it shall be the function of the Council to give guidance to the medical profession generally on all matters relating to ethical conduct and behaviour". In compliance with this section the Council issued the first Guide to Ethical Conduct and Behaviour in May 1981. This Ethical Guide has been revised by each succeeding Council, which holds office for five years. The revision has usually been performed by a Working Party of the Council's Ethics Committee. In carrying out this task the Working Party invited submissions from every registered medical practitioner as well as from a wide range of bodies whose function was relevant to ethical matters in medicine.

It has always been the Council's view that it should give guidance to the profession on ethical matters by issuing a guide which is fundamentally a set of principles which doctors must apply to clinical situations in the course of their work. The Council is also firmly of the view that attempts to produce a code of ethics to deal with every ethical dilemma occurring in medical practice, now and in the future, would be an impossible task as the field of medicine is constantly changing with the advent of new clinical and scientific developments. The Council's Ethics Committee has also, at its regular meetings, sought to keep abreast of current ethical issues as well as discussion and response to ethical queries referred to it by individual doctors or other parties. These latter queries have been very useful as they provide the Ethics Committee with information regarding the current ethical challenges which the profession is facing.

The current Council, prior to the establishment of its Ethics Committee, carried out an appraisal of the Committee's future role and modus operandi. It concluded that the Ethics Committee should meet more frequently and also attempt to be more interactive and expansive in responding to the ethical problems referred to it by various parties. In addition it was agreed that the Committee should continue to undertake research in specific ethical areas and develop further the practice of consulting with experts in the field of medicine and ethics.

News in Brief

STRONG INTEREST IN REGISTRATION FROM NEW EU MEMBER STATES

Since 1st May 2004 EU citizens who qualify in one of the ten new member states are eligible to apply for full registration. Between 1st May 2004 and mid-April 2005, 108 doctors from these states have been granted full registration. Poland and Hungary are the largest source countries with 42 and 24 registrations respectively. Approximately 60% are in the 26-35 age group, with about 25% aged between 36 and 45.

RESEARCH SURVEY PLANNED

The Council has embarked on a one year survey of the attitudes of the public, the profession and other relevant groups regarding the role and function of the Medical Council. A researcher has been recruited to work under the aegis of the RCSI in designing, commissioning and completing the survey within the next 12 months.

MISUSE OF DRUGS ACT

The Irish Pharmaceutical Union has written to the Council regarding the failure of certain medical practitioners to comply with the prescription-writing requirements of the Misuse of Drugs Acts (MDA). The Misuse of Drugs Regulations require that all prescriptions for controlled drugs are written in a particular format. The prescriptions should be hand-written in ink, signed and dated by the practitioner with his/her usual signature. The name and address of the patient, the prescribed drug, its dose and frequency of administration should also be in the prescriber's handwriting. The quantity to be dispensed should be stated in words and figures. If the prescription is to be dispensed in instalments the amount and interval between instalments should be specified in writing. The prescription must indicate that the prescriber is a registered medical practitioner and contain a telephone number at which the doctor can be contacted.

The Council also advises that the prescription should include the doctor's Medical Council registration number. A pharmacist cannot lawfully dispense a prescription for controlled drugs unless it complies with the above regulations. Failure by a doctor to comply with these regulations could lead to a complaint being made to the Fitness to Practice Committee.

News in Brief

DEPARTMENT FUNDS ACTUAL CLINICAL PERFORMANCE PILOT

The Department of Health and Children has provided €100,000 to enable the Council to conduct a pilot project on Actual Clinical Performance (ACP) – the second phase in the implementation of Medical Council Competence Assurance Structures. The funding supports among other things a post of project co-ordinator for the pilot. The Medical Council with the assistance of the 13 recognised training bodies is actively recruiting and training Performance Assessors as part of this pilot. Further details are available on the Council website, or from Ciara McMorrow, Project Co-ordinator, at 01 4983137 or by email on cas@mcirl.ie.

COURT CRITICISES DOCTOR'S CERTIFICATE

On the second day of a recent Central Criminal Court hearing a juror failed to attend and the case was delayed. A medical certificate for the juror duly arrived and contained a single sentence stating that the patient was unfit for jury service due to a named illness but gave no indication as to when the juror would be available to resume the trial. Due to the unsatisfactory nature of the certificate, applications were made by both the prosecution and the defence for the issuing doctor to be immediately summoned to the Court to give evidence regarding the indisposition of the juror. The presiding Judge however decided instead to instruct the Court Registrar to contact the doctor who informed him that he had not seen the patient but, having been prevailed upon by the father of the patient, had issued the certificate.

The case proceeded with eleven jurors. The Presiding Judge directed the Court Registrar to write to the Medical Council and express the disapproval of the Court and that in the event of the Court losing respect for certificates issued by doctors it would in future require doctors to attend Court in person and give evidence from the witness box. The Court Registrar was also directed to ask the Medical Council to bring the concerns of the Court regarding the integrity of Doctors Certificates to all its members. Readers are reminded that the Sixth Ethical Guide issued in 2004 provides guidelines on accuracy in relation to certification.

IMC POLICY ON FORGED DOCUMENTS

A recent application for temporary registration was refused by the Council's Registration Committee due to the submission of a forged document. The applicant in question submitted an International English Language Testing System (IELTS) certificate which proved to be a forgery when verified with the IELTS in the UK. In line with Medical Council policy, applicants found to have forged documentation will not be granted any form of registration in the future.

Competence Assurance: an essential part of every doctor's working life

Society expects doctors to maintain the highest standards of clinical practice. Doctors in Ireland have been actively involved for many years in maintaining their clinical skills through participation in Continuing Medical Education.

In 2002 The Medical Council initiated a system of Competence Assurance for doctors in close co-operation with the training bodies. This Competence Assurance system (CAS) is aimed at maintaining society's trust in doctors by demonstrating that doctors in this country are actively maintaining the highest standards of modern medical practice. The model comprises of a number of elements, including Clinical Quality Assurance (CQA), which comprises CME, Clinical Audit and Peer Review. CQA is led and directed by the training bodies who act as the peer group. The Actual Clinical Performance (ACP) is led by the Medical Council and involves peer assessment by doctors in a more direct way.

The Council's role is to protect the public, but it also aims to support doctors in maintaining their clinical competence. The Council's firm hope is that all eligible doctors will join the Register of Medical Specialists, participate fully in CQA and commit to supporting the ACP assessment process. It is expected that revisions to the Medical Practitioners Act 1978 will give legal force to the ethical requirement to participate in the Council's competence assurance structures. It is also possible that remaining on the Register of Medical Specialties will be conditional on meeting specified requirements in relation to competence assurance.

The Council's aim is to fully involve the profession in the analysis of the mechanisms involved in CQA and ACP, as it is aware that extremely busy doctors will find it difficult to allocate time to the CAS initially. The Council's Advisory Group which assists in the development and implementation of Competence Assurance systems comprises members of the Medical Council, representatives of all the training bodies, and representative organisations including the IMO and the IHCA. This grouping reflects the interacting responsibilities of protecting patients, supporting doctors and the setting of standards for doctors.

The public must be reassured that the profession is maintaining the highest possible standards, but must be made aware that this requirement may have an effect on the provision of service by doctors. It is hoped that the CAS will allow doctors to continue to provide the highest standards of care without impacting unduly on waiting times or other aspects of service to patients. The Council's Advisory Group on Competence Assurance also has representatives whose remit includes that of public interest: namely the Irish Patients Association and the Consumer Association of Ireland but also representatives of the health service employers.

The Council is aware that in a medical profession that is already under pressure, the necessity for a formal Competence Assurance system might be viewed as an imposition. Yet the successful introduction and continuation of CQA and ACP will demonstrate the ongoing commitment of all doctors to the highest possible standards. The medical profession must lead the continued development of Competence Assurance and must insist, as a profession, that all doctors regard the maintenance of their own standards as an essential part of working life. The commitment of the medical profession in Ireland to Competence Assurance will demonstrate the accountability of the profession, and help maintain society's trust in doctors.

For more details on the Medical Council Competence Assurance System please visit our website at www.medicalcouncil.ie.

Education and Training in the Council

The Council, through its Education and Training Committee, continues to work to maintain and enhance standards in undergraduate, intern, postgraduate, and continuing education. Among its major responsibilities are ensuring the quality of education in medical schools and the standards of training in hospitals, managing examinations for Temporary Registration, and safeguarding the integrity of the Register of Medical Specialists. The Committee has recently been joined by a student representative from the International Federation of Medical Students' Associations (IFMSA).

The Council currently recognises 13 Training Bodies for the purposes of specialist training. The Council's relationship with Training Bodies is crucial to many aspects of its Education and Training functions. Training Bodies have crucial in-depth knowledge and a special relationship with their members, and Council wants to continue to forge closer links with the Bodies.

The following activities are planned by the Education and Training section:

- A project on "defining learning outcomes" will develop generic, explicit and measurable outcomes for postgraduate education. The project will evaluate the applicability of the World Federation for Medical Education Global Standards for Postgraduate Medical Education Standards to Irish medical education, and ensure that they are tailored to reflect the Irish context. In undertaking this work, the Council is acting as a pilot site for the World Federation.
- As well as continuing to follow up on issues raised in previous visits, the Council will be contacting medical schools and hospitals in the coming months to discuss visiting arrangements and schedules.
- Undertaking an examination of its hospital and medical school monitoring systems, to minimise bureaucracy whilst at the same time maintaining rigorous standards.
- Establishing a panel, including external assessors, to examine its processes for accrediting proposed new programmes and new medical schools.
- Recruiting an intern coordinator to support the Intern Coordinators and Tutors Network.

The Council is also awaiting the final report of the Ministerial working group set up under the chairmanship of Professor Patrick Fottrell to examine undergraduate medical education and make recommendations to the relevant Ministers on these matters. It is understood that the final report will be published shortly.

Check the Council's website for information on applying for entry to the Register of Medical Specialists; the Temporary Registration Assessment Scheme (TRAS) including dates and enrolment information; Continuing Medical Education; and postgraduate training for general practice (JCPTGP). The Council is also keen to keep medical students informed of its role and the E & T section welcomes any relevant invitations to student-related meetings.

Medical Ionising Radiation Committee (MIRC)

The Medical Ionising Radiation Committee was established by the Medical Council in 1991 and operates in accordance with SI 478 (2002), which establishes regulations governing medical ionizing radiation under EU law. A principal role of the Committee is to ensure compliance with this legislation and the maintenance of standards in individual practice.

The Committee is chaired by Dr Michael F Hurley, a member of Council and a Consultant Radiologist at Cork University Hospital. Dr Hurley is joined on the Committee by five other Council members and twelve co-opted members representing the following bodies:

- Faculty of Radiologists (RCSI)
- Radiologicial Protection Institute of Ireland
- Health and Safety Authority
- Association of Physical Scientists in Medicine
- Irish Institute of Radiography
- Dental Council

Since taking office in April 2004 the sixth Medical Council has adopted the following documents on the advice of the MIRC (dates adopted are in brackets):

- Diagnostic Reference Levels (DRLs) (3 September 2004)
- Dose Constraints for "Helpers" (3 September 2004)
- Fluoroscopic Devices (3 September 2004)
- Criteria for Clinical Audit (11 October 2004)
- Medical Council Policy Document (11 October 2004)

The Committee is indebted to Dr Stephanie Ryan and Dr David McInerney, both of the Faculty of Radiologists, for the detail of the reports prepared.

The first Clinical Audits must be completed within three years of the adopted date i.e. by 11 October 2007. The mechanisms necessary for the successful implementation of these new regulations are the responsibility of the new Health Service Executive.

First National Conference on Doctors' Health

The first National Conference on Doctors' Health was hosted by the Medical Council in partnership with the Irish College of General Practitioners on 16th February last. The well-attended conference was addressed by the Tánaiste, Dr Andree Rochford of the ICGP's Health in Practice Programme and Dr Paul Farnan of the Physician Health Programme of British Columbia in Canada, among others. An agreed consensus statement will be published shortly on the Medical Council and ICCP websites.

(l-r): Mr Fionán O'Cuinneagáin (ICGP), Mr John Lamont (Medical Council), Mr David Hickey (Medical Council), Dr Ian Cullanan (ISQSH)

Amendment Act 2002 effect on full registration

In 2002 the Government amended the Medical Practitioners Act to provide for the granting of full registration to doctors who had completed two years of temporary registration and who had "undergone prescribed courses or obtained prescribed experience". The Council prescribed courses and experience in rules and these were approved by the Minister for Health and Children in June 2003. Briefly, the prescribed courses are those leading to the award of qualifications at membership/fellowship level, e.g. MRCPI, MRCSI or AFRCSI. The prescribed experience is linked to the completion of General Professional Training which for the purpose of the rules has been defined as satisfactory completion of not less than two years in recognised training posts. This must be certified by the relevant recognised training body.

Applications for full registration under the "new rules" were first accepted on 15th August, 2003. Since that date 962 doctors who previously held temporary registration have been granted full registration. 87% of such registrants were male. These figures contrast starkly with those for the years 1999 - 2002 (see table):

1999	122
2000	126
2001	218
2002	203

The figure for 2004 (678) is more than a two-fold increase over the 2003 total (304). Growth at this level will not continue as the figures are reflective of the large number of doctors who took out temporary registration in the late 1990s before the introduction of the Temporary Registration Assessment Scheme (TRAS).

Effect on temporary registration

As might be expected, the large increase in the number of new fully registered doctors has led to a reduction in the number of temporarily registered doctors. Over the past number of years this figure had been relatively stable at approximately 1,300. This figure declined to 1,161 in 2003 and currently there are 733 doctors holding temporary registration, a significant proportion of whom have completed over two years and may therefore be eligible for full registration. 2005 is likely to see a further significant reduction in temporary registration.

Health Committee

"Physician heal thyself" is an unfortunate saying which ill describes the pressures of modern medical practice. Support mechanisms for doctors have lagged behind changes in practice. In 2000 the Medical Council decided that a mechanism needed to be put in place to offer support to doctors who were experiencing ill health to maintain or return to active clinical practice.

A Health Committee was established and from the outset it was agreed that this Committee would remain separate to the Council's Fitness to Practise Committee. It was also agreed that the Health Committee could not become a substitute for the Fitness to Practise Committee in cases where patient harm had been caused as a result of ill health. The Health Committee has a membership of twelve. With the exception of the Chairman, Dr Declan Sugrue, none of the members are members of the Medical Council. The Health Committee comprises a number of registered medical practitioners and also some non-medically qualified members who offer a lay perspective which is important within a self-regulating profession.

At present there are about a dozen registered doctors availing of Health Committee procedures. Doctors can be referred to the Committee by their treating doctor or by family members or friends. Some doctors refer themselves. When a doctor is referred, the Committee will contact the doctor and provide him/her with a copy of the Committee's terms of reference. If these are accepted, the doctor's consent to receive reports from treating doctor(s) will be requested. Where assistance is possible, two medically qualified members of the Committee will meet the doctor at the Medical Council offices and discuss their situation and the therapeutic options. This may include a period of sick leave with no patient contact. The role of the Committee is to act as a monitor of therapy in order to:

- Determine whether a health problem exists;
- Consider the adequacy of proposed treatment and of planned professional safeguards;
- Encourage adherence to recovery;
- Provide any necessary updates on the doctor's situation to the Medical Council at any time.

Members of the Health Committee do not provide treatment. Doctors are expected to have their own treating doctor/specialist. The Health Committee must be satisfied that the treating doctor/specialist is relevant to the doctor's health problem. The doctor is responsible for all costs and expenses incurred.

After the doctor attends, his/her case is discussed by the full committee. The doctor may be monitored during treatment and at work by the Health Committee. The outcome of the monitoring procedure will be reported to the Medical Council. Where the Health Committee is satisfied that a doctor is fit to return to medical practice and no longer requires its support, the Committee will release the doctor and notify the Council of its decision. Co-operation with the Committee is voluntary. If however, a doctor does not agree with recommendations which are regarded by the Committee to be in his / her best interest, and which if ignored, could cause patient harm, the Committee will have to inform the Medical Council.

If doctors wish to find out more about the Health Committee they can use a confidential e-mail address health@mcirl.ie or contact David Hickey, Secretary to the Health Committee at 01 4983131.

Statistics at a glance

The following are a selection of statistics from the Report of the 5th Medical Council 1999-2004

Council Committees	No. of meetings 1999-2004
Medical Council	69
Registration	28
Special Registration	27
Education & Training	21
Competence Assurance Working Group	26
Competence Assurance Advisory	10
Health	Not Disclosed
House & Finance	20
Ethics	21
Fitness to Practise	46
Medical Ionising Radiation	9
Temporary Registration Assessment Scheme	16
Information Technology	23
Arts	4
International Affairs	4

The following activities were carried out between 1999-2004

- Inspection of 92 hospital sites for temporary registration purposes
- Inspection of 40 hospital sites for internship registration purposes
- Assessment of 200-300 complaints annually under Fitness to Practice. 22 prima facie cases (inquiries) arose on average per annum during this period
- 27 Section 51 orders were obtained by the Medical Council (order to suspend registration)

Fully Registered Doctors					
1999	2000	2001	2002	2003	2004
11,600	12,297	13,004	13,761	14,018	14,568

Temporarily Registered Doctors					
1999	2000	2001	2002	2003	2004
1,264	1,280	1,271	1,273	1,161	978

Registered Interns					
1999	2000	2001	2002	2003	2004
490	481	493	530	503	541

Report from Professional Standards

The Professional Standards department of the Medical Council primarily deals with Fitness to Practice cases and the development and communication of ethical guidelines.

In Fitness to Practise the number of complaints received for the year ended 31st December 2004 amounted to 270. This represented a slight decrease from the previous year which saw 288 complaints. The first quarter of this year, however, has seen a marked increase in the number of complaints received. As at 31st March 2005, the Committee received 83 complaints which represent a 15% increase on 2004. There has been a certain increase in particular categories such as alcohol / drug abuse, prescribing and professional standards. For the year ended 2004, the Committee completed 23 inquiries. In terms of inquiries in 2005, the Committee has so far heard 5 inquiries (one part heard) that have taken 4.5 days. The Committee's target for the remainder of the year is a further 50.5 days during which time it is hoped to complete a further ten inquiries.

When there is a perceived immediate risk to patients, a doctor's name may be removed from the register under Section 51 of the Medical Practitioners Act 1978. This has immediate effect and usually remains in place pending an inquiry. Since 2004 12 doctors have been the subject of Section 51 Orders.

Last year the Committee issued an information leaflet for complainants explaining the Committee's procedure and the reasons why the Committee would decide to hold an inquiry and why it would not (see www.medicalcouncil.ie for a copy of the leaflet). The Committee will also shortly issue a similar information leaflet for practitioners to explain the procedure, to include among other advice, suggestions as to how the practitioner ought to respond to correspondence from the Committee.

Obituaries

It is with deep regret that the Council notes the death in the past year of three esteemed colleagues and past Council members - Professor Stephen Doyle (President, 1994-1996; Member 1996-1999), Dr Ellard Eppel (Member, 1999-2004 Council), and Dr Hugh O'Brien Moran (Member, 1979-1984 and 1984-1989 Councils). Each of these former members left their own indelible mark on the work of the Council over the years. Our sympathies are extended to the Doyle, Eppel and O'Brien Moran families on their loss.

News in Brief

IMC SEEKS DIRECTOR OF COMPETENCE ASSURANCE

The Medical Council agreed at a recent meeting to a proposal for the re-establishment of the post of Director of Competence Assurance. The Council is seeking to appoint a registered medical practitioner to this post on a part-time (sessional) basis for a defined period. Arrangements for the recruitment of this post are being finalised and the post will be advertised shortly.

PROBLEMS FOR THOSE WITH OUT OF DATE ADDRESSES

In the last five years the Medical Council has erased 1267 doctors for failure to pay the annual retention fee. Contracts of employment require registration. Professional indemnity depends on registration and medical certificates unless signed by a registered practitioner have no effect. Erasure for non-payment comes as a shock for many doctors.

Of the 1267 doctors who were erased, some 125 have had their names restored. In most cases doctors explain that the reason they failed to pay the fee was because they had moved address and did not receive their mail. It is very difficult to estimate the number of registered addresses no longer in use. Judging by the amount of returned post it would not be unreasonable to suggest a figure of approximately 3% or 500 out of date registered addresses. The whole purpose of a register is for the public and the Council to be able to identify and contact a doctor.

The Council is making a special request for doctors to check their address to make sure it is current. The registered address does not have to be a home address. We hope to make greater use SMS messages and e-mail as a means of contacting doctors in the future and we would like to receive e-mail address and mobile telephone numbers for all doctors. Telephone numbers and e-mail addresses are used only to communicate with doctors and are not released to any third party. To update your registration details please contact us at registration@mcirl.ie.

CONTACT US

If you would like to contact the Council for further information on any of the items contained in this newsletter, or indeed to suggest future articles, please do not hesitate to contact the editorial board at newsletter@mcirl.ie.