IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Irish Medical Organisation (IMO) Feedback on the Draft Medical Council (Evidence of Indemnity) Rules 2018 and Flowchart

20th March 2018

Guiding Questions and Feedback Form

On reviewing the flowchart and the rules, please provide feedback on:

Area of Interest	Feedback
At Line 1 in the flow chart, do the opening questions, regarding anticipated work arrangements (inside, outside of the Republic of Ireland or not engaged in practice), for the coming year cover all possible scenarios?	No. There are a number of possible scenarios that are not clear at line 1 in the flow chart: Doctors who are currently practicing outside of the Republic of Ireland but who may be intending to take up a permanent, temporary or locum position in the registration period and are currently in the process of organising the relevant paperwork. This process can take a number of months. These doctors should be directed to declaration 5 to ensure that they are not unnecessarily paying high indemnity insurance while awaiting all the necessary paperwork. Doctors who are not engaged in clinical practice but maybe engaged in research, academic or other posts. It should be made clear that these doctors should also be directed to declaration 5.
Does Declaration 5 make clear the two scenarios which would lead to a doctor completing this declaration?	
At Line 3 in the flow chart, is the concept of an "NCHD" understood and as such is the type of Declaration required clear?	The concept of an NCHD is clear to doctors currently employed within the Irish health system, however it may be less apparent to first time registrants from outside of Ireland. The flow chart from Line 3 is unnecessarily complicated. At line 2 it should be evident to

	the majority of doctors which declaration is applicable to their practice circumstances.
Does this list of HSE hospitals/clinical sites assist or would a catch all statement confirming a doctor works solely for and paid by the HSE be as effective?	It is wiser to list all the HSE hospitals/clinical sites that a doctor may be employed in as some of these are independent voluntary hospitals funded by the HSE. If the list also includes other community organisations where doctors are employed that are funded by the HSE including community health organisations, community mental health services, primary care centres, occupational health services…then this should be explicitly stated. Doctors solely employed by the one of the hospitals and/or facilities listed by the NTMA in List 1 but who provide medical care at sporting events, concerts, Good Samaritan work, etc. If doctors are required to have high levels of indemnity cover to carry out these activities, the legislation may have significant implication on the provision of such services
Does the list of private hospitals/clinical sites assist or would a catch all statement confirming a doctor works solely in a private facility be as effective?	There are a large number of private clinical sites where doctors practice that may fall outside of the list 2 such as private cosmetic and non-cosmetic surgery services, dermatology clinics, telemedicine services, etc. Clarification is required as to whether such doctors are required to have the minimum levels under Appendix A – Class 1 or Appendix B – Class 2 According to the Guide to Professional Conduct and Ethics for Registered Medical Practitioners (8th ed), doctors providing telemedicine services within the state should be registered with the Medical Council, but are not required to be and therefore may not be required to have indemnity cover. Doctors providing telemedicine services within Ireland should be required to be registered with the Medical Council and have the appropriate indemnity cover in place. Doctors may have specialist training in more than one area and may be working in more than one hospital/ facility or clinical site.
At Line 4 in the flow chart, does the opening question clearly explain this applies to all practitioners who do not work solely in a public	No, Line 4 should explicitly state which doctors this applies to not “other than NCHD”. Line 4 will presumably include a large number of doctors including GPs, consultants who have

facility (and are therefore covered by the HSE/Clinical Indemnity Scheme)?	both a public and private practice as well as consultants who work solely in private practice. If this flow chart is to be used to update the online ARAF (Annual Registration Application Form) these doctors will need to click through 5 to 6 times before they arrive at the relevant declaration. This process is unnecessarily complicated. At line 2 it should be evident to the majority of doctors which declaration is applicable to their practice circumstances.
Is there a practice arrangement which exists which is not covered by the Declarations provided?	There are a number of arrangements that do not appear to be covered by the declarations provided including: 1 - Doctors who have a private practice in a public hospital in accordance with the terms of the Type B Consultant Contract. It is unclear from the lists which declaration is appropriate to these doctors. 2 – Doctors who are qualified and practising in more than one area and outside of the hospitals listed by the NTMA in List 1. These doctors will require indemnity cover specific to their domain of practice. 3 - Doctors may be engaged by the one of the hospitals and/or facilities listed by the NTMA in List 1 but carry out part or all of their clinical duties off-site. Clarification is needed as to whether these doctors are required to have indemnity when part or some of their clinical duties do not take place at the site by which they are employed. There may be a number of other situations that have yet to be identified that fall outside the scope of the declarations. The Medical Council should provide a helpline or contact email address for arrangements that may fall outside those covered by the declarations. Queries will need to be responded to immediately to avoid unnecessary delay to the registration process.
Are there any other comments you have to offer about the processes which support this new requirement?	Where a medical practitioner fails to provide evidence of indemnity in accordance with the Act the practitioner must be informed by the Medical Council in writing that he has 21 days to provide evidence or he may be removed from the register. Where a doctor is removed from the register until such a time as he/she provides evidence of cover, a fee of €825 will be applied for an application to be restored to the register. This fee seems excessive as the process for restoring

	the application to the register should be a simple automated procedure once the evidence has been provided. A catch 22 situation arises where doctors are required to have indemnity insurance to complete registration with the Medical Council, while indemnifiers require doctors to be registered with the Medical Council before they will issue indemnity cover. The processes put in place to resolve this issue should not create unnecessary delay to the registration process. The requirement to display evidence of indemnity cover in the principal place of practice is unnecessary and impractical in services that rely on a large number of locums. As doctors are required to have minimum indemnity cover at registration it should be sufficient that they are registered with the Medical Council.

General Comments

Finally the IMO is concerned that the figures for which doctors are required to be indemnified for are significant. It is conceivable that in the future it may be impossible for certain specialties such as Obstetrics, Orthopaedics or spinal surgery to practice privately in Ireland as the cost of indemnity is likely to be prohibitive. The Medical Council should engage with the Department of Health, the HSE, Medical Indemnifiers and all other stakeholders to ensure that

- doctors working in high risk specialties are able to get indemnity cover and are protected from extortionate prices if just one indemnifier is willing to provide indemnity;
- there must be no gaps in cover as practitioners move from one insurer to the next, take career breaks, maternity breaks, retire or leave the country for period as clinical negligence cases can be brought up to two years after the event.
- cover for medical practitioners is guaranteed should an indemnity insurer pull out of the market or go bankrupt.

Also medical practitioners are required to have the same minimum indemnity cover in place regardless of the level of private practice or number of sessions worked. Doctors should also be informed that the levels required are minimum requirements and that they may require additional indemnity above the minimum requirement. Doctors should also be informed that indemnity cover will only cover their particular domain of practice.