



IRISH MEDICAL  
ORGANISATION  
Ceardchumann Dochtúirí na hÉireann

IMO Submission on the  
**Medical Council**  
**Draft Statement of Strategy 2019-2023**

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# **Irish Medical Organisation**

## **Submission the Medical Council Draft Statement of Strategy 2019-2023**

The IMO is the trade union and representative body for all doctors in Ireland and welcomes the opportunity to comment on the strategic objectives and key actions outlined in the Medical Council Draft Strategy 2019-2023. Under the Medical Practitioners Act 2007, the object 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. As the Medical Council is almost wholly funded through registration fees, the IMO must ensure that the strategic objectives and key actions are consistent with the Medical Council's statutory role.

### **Strategic Objective 1 – Be a Global Leader in Medical Regulation**

#### **Key Actions**

- 1.1 Collaborate and contribute with international medical regulators on best practise**
- 1.2 Collaborate with other Irish regulatory bodies.**
- 1.3 Develop clear positions on key healthcare issues**
- 1.4 Lead and influence healthcare policy development**
- 1.5 Identify, harness and utilise Medical Council expertise**

As the Medical Council is almost wholly funded through registration fees, activities undertaken on the international front must be consistent with the statutory role.

The IMO urges the Medical Council to exercise its influence in national and international affairs in the areas of recruitment and retention, Brexit and the recognition of medical professional qualifications and the recognition of General Practice as a European Specialty.

#### **Recruitment and Retention of Medical Practitioners**

Poor working conditions in over-crowded hospital have led to unprecedented issues of recruitment and retention of our highly trained medical practitioners. The Medical Council *Your Training Counts: Spotlight on Trainee Career and Retention Intentions 2016* revealed that just 58% of trainees see themselves practising in Ireland for the foreseeable future. Reasons cited included understaffing, expectation to carry out too many non-core tasks, limited career progression, higher earnings abroad, more flexible training options abroad, lack of support from employer, long working hours and poor quality of training. We would request that Medical Council use its good offices to highlight the issues affecting the recruitment and retention of medical practitioners in Ireland, and work constructively with the IMO to address the causes underlying this crisis.

We would ask also that the Medical Council exercise its influence to ensure that non-EU/EEA trained doctors in service posts, after appropriate validation, have access to a suite of training supports and the opportunity, to compete for specialist training posts.

#### **Brexit and the Recognition of Medical Professional Qualifications**

The UK withdrawal from the EU, and the potential for a no-deal scenario, poses significant uncertainty for UK trained doctors who wish to work in Ireland and vice versa from the 30<sup>th</sup> of March 2019. In June 2018 the European Commission issued a Notice to Stakeholders regarding Brexit and the impact on the regulated professions. The IMO would request that priority is given to this matter.

[https://ec.europa.eu/growth/content/brexit-%E2%80%93-guidance-stakeholders-impact-field-regulated-professions-and-recognition\\_en](https://ec.europa.eu/growth/content/brexit-%E2%80%93-guidance-stakeholders-impact-field-regulated-professions-and-recognition_en)

### **The Recognition of General Practice as a European Specialty**

The IMO is a member of UEMO (European Union of General Practitioners) and supports UEMO in its ambition to have General Practice/Family Practice recognised as a European specialty under the provisions of the Recognition of Professional Qualifications Directive (2005/36/EC). General Practice (or Family Medicine) is a speciality which follows very similar training programmes between countries and the status of speciality has been accepted now by more than two fifths of the member states and thus reach the necessary threshold to add a new speciality in the Annex V, point 5.1.3 of the Directive.

In order to ensure that patients in Ireland and across Europe receive care from a GP who has followed a structured course of specialisation in General Practice/Family Medicine and to attract medical graduates to career in General Practice, the IMO urges the Medical Council to support the recognition General Practice/Family Practice as a European specialty under Annex V, point 5.1.3 of the Recognition of Professional Qualifications Directive (2005/36/EC).

In a similar vein the IMO would encourage the Medical Council to recognise Forensic Pathology as a training specialty in this country to allow Ireland to train forensic pathologists here.

### **Strategic Objective 2 - Seek the necessary changes to legislation to bring Irish medical regulation into line with International best practise.**

#### **Key Actions**

- 2.1 Seek changes in legislation based on national and international evidence, and best practise**
- 2.2 Engage with relevant stakeholders on necessary legislative changes**
- 2.3 Conduct a full review of the Medical Practitioners Act 2007 with the Department of Health to enable more appropriate regulation of registered medical practitioners and better patient outcomes**

The IMO welcomes the Medical Councils plans to carry out a full review of the Medical Practitioners Act 2007 and looks forward to full engagement with the Medical Council on the review.

The IMO understands that the Regulated Professions (Health and Social Care) (Amendment) Bill due to be published this spring is to include Amendments to the Medical Practitioners Act 2007 to include Reform of Fitness to Practice Procedures and amendments to allow non-EEA doctors compete for specialist training posts and is awaiting details of the Bill.

### **Reform of Fitness to Practice Procedures**

A large number of complaints are unnecessarily brought to the Medical Council with just one in ten complaints received forwarded to the Fitness to Practice Committee for inquiry. The Medical Council complaints process can be extremely stressful for individual doctors with severe consequences on their health, reputation and livelihood and can lead doctors to practice defensively. The current system is in need of urgent reform to encourage legitimate complaints and discourage frivolous matters which are costly and time wasting for both the Medical Council and the medical professional against whom the complaint is made.

The IMO is calling for the Medical Practitioners Act 2007 to be amended to allow for the following changes to Medical Council practices:

- Introduction of a tiered complaints process so that complaints are categorised according to the severity of the complaint and such categorisation determines the process of investigation.
- Investigation processes that protect the identity of doctor during the investigation pending any adverse finding upon which the identity and sanction will be made public.
- Fitness to Practice hearings being held “in camera”

### **Amendments to allow non-EEA doctors compete for specialist training posts**

Ireland is becoming increasingly more reliant on foreign trained doctors (40% of doctors) without offering those doctors the same training and career opportunities afforded to Irish and EU/EEA trained doctors and is thus in direct contravention of the World Health Organisation (WHO) Global Code of Practice on the International Recruitment of Health Personnel. Indeed, there is increasing evidence that international doctors are now departing Ireland in greater numbers. Among the reasons most commonly cited by these doctors is a frustration at their inability to compete for training posts. The IMO is calling for an amendment of the Medical Practitioners Act to allow Non-EU/EEA NCHDs access to the Training Division of the Medical Register.

### **Revision of the Guide to Professional Conduct and Ethics for Medical Practitioners 2016**

There is no mention in the Strategic plan of Revision of the Guide to Professional Conduct and Ethics for Medical Practitioners. Since the 8<sup>th</sup> Edition of the Guide was published in 2016 a number of legislative changes require or will require chapters in the Guide to be updated with clear guidance on issues including:

- a) Conscientious Objection under the Health (Regulations for the Termination of Pregnancy) Bill 2018 and
- b) Advance Care Directives under Assisted Decision Making (Capacity) Act 2015.
- c) Mandatory Open Disclosure in the proposed Patient Safety Bill (General Scheme 2018).

In addition the IMO are concerned that the guide does not require medical practitioners providing telemedicine services in Ireland to be registered with the Medical Council and that there is little mention of prevention in the Guide.

The Guide should be a living document that is regularly updated to ensure that Medical Practitioners in Ireland are provided with the most up-to-date guidance.

### **Strategic Objective 3 - Learning from experience to deliver an efficient and proportionate model of regulation**

#### **Key Actions**

- 3.1 Proactively identify and deliver improvements in regulatory activities**
- 3.2 Analyse and use relevant information internally and externally in a targeted way, to better inform decisions**
- 3.3 Collaborate with stakeholders to encourage sharing of information, experiences and joint learning**
- 3.4 Be a learning organisation committed to continually improving what we do**

### **Strategic Objective 4 - Improve the understanding of the role of the Medical Council**

#### **Key Actions**

- 4.1 Promote an open and transparent organisational ethos**
- 4.2 Establish targeted channels of communication to engage directly with all stakeholders**
- 4.3 Outline and share the Medical Council's methodologies, operations and processes to key stakeholders**
- 4.4 Publish and promote relevant Medical Council activities including annual reports, key statistics, fitness to practise inquiries, Medical Council decisions and education reviews**

### **Strategic Objective 5 - To develop an agile organisation that is empowered, engaged and effective**

#### **Key Actions**

- 5.1 Develop and support a team that reflects the unique nature of the skillsets required to deliver on the Council's objectives**
- 5.2 Create a culture that encourages collaboration and shared learning**
- 5.3 Provide a working environment and infrastructure that will support the strategic direction of the Council**
- 5.4 Continuously review and align the governance structures to the strategic priorities of the organisation**

#### **Funding and Governance**

The IMO is of the view that, as the Medical Council is a statutory body and not a self-regulatory body, the Medical Council should be funded through general taxation and not through registration fees. However, while the Medical Council is currently funded by the medical profession, the IMO is calling for the establishment of an operational oversight committee comprised solely of members of the medical profession to ensure the Council is delivering a cost effective service restricted to its

statutory role and to ensure that there are no unwarranted increases in registration fees. Some funding should be sought from the Department of Education to support the Medical Council's role in maintaining standards in professional education, training and competence.

**Strategic Objective 6 - Ensure consistency across all medical education and training, to quality assure performance in practise, recognising key transition points in the continuum of education and professional identity formation.**

**Key Actions**

- 6.1 Continue development of a proportionate, intelligence-led, integrated regulatory model for the quality assurance of medical education, training and lifelong learning.**
- 6.2 All education, training and lifelong learning interventions are informed by intelligence-gathering including internal and external quality reports.**
- 6.3 Ensure professional identity formation (the ongoing developmental process from lay person to skilled professional) is embedded in education, training and lifelong learning.**
- 6.4 Guide the development of outcomes-based education, training and lifelong learning programmes appropriate to the registered medical practitioner's career stage.**
- 6.5 Undertake or commission targeted medical education research that addresses strategically important themes that advance medical education, training and lifelong learning quality in Ireland.**
- 6.6 Provide leadership to registered medical practitioners on their professional conduct and ethical responsibilities.**
- 6.7 Support self-care in the physical and mental well-being of registered medical practitioners.**

The IMO welcomes the Medical Council priority to support the physical and mental well-being of registered medical practitioners and would like to see concrete actions from the Medical Council to ensure that recommendations in the Medical Council Regional Inspections of Clinical Training Sites are carried through. The IMO would also urge the Medical Council to support initiatives outlined in the IMO policy paper on Women in Medicine to address barriers for women in medicine particularly in the area of education and training.

**Issues raised in the Medical Council Regional Inspections of Clinical Training Sites**

The IMO has noted the content and recommendations produced by the Medical Council's Regional Inspections of Clinical Training Sites in the South/South West Hospital Group and Saolta University Health Care Group. Many of the observations provided in these reports are key priorities of the Irish Medical Organisation, including sufficient resourcing of hospitals to ensure adequate levels of training, EWTD compliance, as well as assurances that doctors are not placed in unsafe situations as a result of undue pressure to complete inappropriate clinical tasks, or being subject to toxic working environments. These concerns are clearly tied in to the ongoing recruitment and retention crisis bedevilling the health service. The IMO would welcome concrete actions from the Medical Council to ensure the recommendations in the inspection reports are carried through.

## **Women in Medicine.**

In late 2016 the IMO conducted a large-scale survey of its members which asked respondents to provide their insights into the various gender issues within Irish medicine. This research revealed that:

- (i) gender-based bullying, gender-based harassment, and sexual harassment are common in Irish healthcare and exercise a disruptive and harmful influence on doctors' working lives;
- (ii) gender continues to play a role in specialty choice, leading to an inequality of gender representation in certain specialties;
- (iii) doctors in Ireland exhibit some difficulty in adequately striking a strong balance between their work and family commitments, in part due to an absence of workplace supports; and
- (iv) female medical practitioners are disproportionately affected.

The Medical Council is aware that work-life balance issues are one of the factors driving doctors to emigrate, and the IMO urges the Medical Council to support initiatives outlined in the IMO policy paper on Women in Medicine to address barriers for women in medicine particularly in the area of education and training.

<https://www.imo.ie/policy-international-affair/documents/IMO-Position-Paper-on-Women-in-Medicine-Final.pdf>