

# Public Consultation on Medical Council's Draft Statement of Strategy 2024 - 2028

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## Q1 Public Consultation Survey on Draft Statement of Strategy 2024 - 2028 Introduction

A follow-up public consultation is now being held on the Medical Council's 2024 – 2028 draft Statement of Strategy. This public consultation process provides an opportunity for individuals and organisations to submit comments and suggestions for consideration by the Medical Council on its draft 2024-2028 Statement of Strategy.

Please note, the below survey has been designed to elicit feedback on the current draft Statement of Strategy and does not ask for any personal data. However, should you include personal data in any of your answers the below Data Protection and Freedom of Information provisions will apply to you. The survey will take approximately 15 minutes to complete, depending on the level of detail you choose to provide.

If you have any questions about this survey, please contact the Medical Council at [communications@mcirl.ie](mailto:communications@mcirl.ie).

Thank you in advance for your participation.

### Data Protection

As a Data Controller, the Medical Council is subject to the requirements of the [General Data Protection Regulation 2016/679](#) ("the GDPR") and the [Data Protection Act 2018](#). Any personal data gathered during this consultation process will only be used for the purpose of developing its **2024 – 2028 Statement of Strategy**. Analysis of responses will be carried out by the **Medical Council's Research Team**. Your participation in this survey is entirely voluntary and, therefore, the Medical Council's legal basis to process the information gathered is consent as per Article 6(1)(a) of the GDPR. In addition, should you consent to taking part in this process, all questions will be optional and there is no requirement to provide any personal data.

Information gathered from this consultation process, including any personal data, should you chose to disclose any, will be held securely by the Medical Council and will be stored only for as long as necessary for the purpose(s) for which it was obtained. The Medical Council may publish a Consultation Report following conclusion of the consultation process. Organisations who make submissions would be listed in any Consultation Report that may be produced, as contributors to the process. Any Consultation Report that may be produced would remain on the

Medical Council website, and as part of the Medical Council's report archive.

If you provide any personal data to the Medical Council while completing the survey, you have rights under the GDPR, in certain circumstances and subject to certain restrictions.

### **Freedom of Information**

The Medical Council is subject to the [Freedom of Information Act 2014](#) (FOI Act). The FOI Act is designed to allow public access to information held by public bodies which is not routinely available through other sources, and access to the documentation and results generated, including opinions, from this survey may be sought in accordance with the FOI Act. Subject to the FOI Act, exemptions to personal data and other information will be applied as appropriate and necessary.

### **Do you consent to participate?**

Yes, I understand what the consultation process is for, how the data will be used and I consent to take part

No, I do not consent to take part in the consultation

### **Q2 Please select the group you most strongly identify with/belong to**

I am a member of the public

I am a registered medical practitioner

I am a medical student

I am a patient advocate/I am responding on behalf of a patient advocacy group

I am a healthcare professional (other than a medical doctor)

I work in regulation / policy

I work in academia

Other, please describe \_\_\_\_\_

**Q3 Are you replying on your own behalf or on behalf of an organisation?**

- On my own behalf
- On behalf of an organisation

*Skip To: Q4 If Are you replying on your own behalf or on behalf of an organisation? = On behalf of an organisation*

*Skip To: Q5 If Are you replying on your own behalf or on behalf of an organisation? = On my own behalf*

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**Q4 Please name the organisation that you are responding on behalf of**

Irish Medical Organisation

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**Q5 How did you find out about this consultation?**

- Newsletter from the Medical Council
- Email from someone else
- Newspaper/magazine article
- X/Twitter
- LinkedIn
- Medical Council Website
- Other, please specify \_\_\_\_\_

**Q6 In the draft strategy, the vision of the Medical Council is *‘to be a trusted compassionate and effective regulator of doctors’*.**

**To what extent do you agree or disagree with the following statement:**

**The vision statement is appropriate for the Medical Council**

- Strongly agree
  - Agree
  - Neither agree nor disagree
  - Disagree
  - Strongly disagree
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**Q7 Please provide a reason for your choice above:**

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**Q8 In the draft strategy, the purpose of the Medical Council is 'patient safety, ensuring safe and professional doctors'.**

**To what extent do you agree or disagree with the following statement:**

**The purpose statement is appropriate for the Medical Council**

- Strongly agree
  - Agree
  - Neither agree nor disagree
  - Disagree
  - Strongly disagree
- 

**Q9 Please provide a reason for your choice above:**

The IMO is increasingly concerned about “scope creep” whereby non-doctors are increasingly taking on the roles and responsibilities doctors, creating deep-rooted challenges in maintaining high standards in patient safety and quality of care. In particular the IMO is concerned about the unregulated and undefined role of Physician Associates/assistants (PAs) within the Irish health system which poses a threat to patient safety and quality of care. At the IMO AGM this year, members passed a motion calling on the Minister for Health and the Government to confirm that the Medical Council will remain solely a body to register and accredit Registered Medical Practitioners and that any new health profession (such as Physician Assistants/Associates) should be accredited by different avenues.

While PAs have been initially employed to support doctors, the UK experience shows widespread substitution of doctors by PAs, with PAs working at registrar level and replacing doctors on rotas. The dangers of PAS working beyond their scope of training in the UK has led to fatalities and numerous patient safety concerns. In addition many doctors have reported that their workload has increased while opportunities for the training of doctors has decreased.

Training of PAs comprises of 58 weeks clinical of clinical practice following a health sciences degree is in no circumstances equivalent the years of medical education and post-graduate training undertaken by doctors. PAs must never be substitute for medical practitioners who undergo years of high-level medical education and training to provide complex, highly skilled care to patients. Failure to maintain this distinction poses a risk to patient safety and undermines the professionalism of medical practitioners and integrity of medicine.

Both the title of Physician Associate and current advertisements for PAs across the HSE are dangerously misleading and suggest that PAs have undergone equivalent training to that of doctors. This confusion can lead to patients believing they are being treated by a doctor, underestimating their need for further medical consultation, delaying critical treatments and exacerbating health issues. Any proposal to regulate PAs by the Medical Council would lead to further confusion among patients.

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**Q10 The Revised Values under the new statement are:**

*Trust, Respect, Accountability, Collaboration, Excellence*

**To what extent do you agree or disagree with the following statement:**

**This revised values are appropriate for the Medical Council**

- Strongly agree
  - Agree
  - Neither agree nor disagree
  - Disagree
  - Strongly disagree
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**Q11 Please provide a reason for your choice above:**

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**Q14 The first theme of the Strategy is Empower and Support**

The objectives set out under this theme will ensure that **the Medical Council will create a regulatory environment that enhances the quality of patient care through empowering and supporting doctors.**

To what extent do you agree that this theme is appropriate:

- Strongly agree
  - Agree
  - Neither agree nor disagree
  - Disagree
  - Strongly disagree
- 

**Q13 Please provide a reason for your choice above:**

The link between understaffing, poor doctor well-being and patient safety issues is well documented. In addition, poor working conditions are a major factor contributing to stress and burnout, and attrition particularly among NCHDs and newly qualified doctors.

The IMO welcomes that the Medical Council will *“highlight areas of risk to patient safety where we identify them, and we will use our regulatory powers to intervene where the clinical environment does not support safe medical education, training or maintenance of professional competence.”*

In particular the IMO calls on the Medical Council to publish reports on the inspection of Intern and Clinical training sites in a timely manner and to use their regulatory powers to ensure that any issues they highlight are acted upon and any recommendations they make are implemented in a timely manner so as to optimise training and working conditions for NCHDs and facilitate patient safety.

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**Q12 The second theme of the Strategy is Balance**

The objectives set out under this theme will ensure that **the Medical Council will use the full range of its regulatory powers to safeguard patients.**

**To what extent do you agree that this theme is appropriate:**

- Strongly agree
  - Agree
  - Neither agree nor disagree
  - Disagree
  - Strongly disagree
- 

**Q15 Please provide a reason for your choice above:**

**Strategic Objective 5. Continue to evolve and develop an enhanced, right-touch and effective regulatory model across the life cycle of a doctor.**

Recent amendments to the Medical Practitioners Act in relation to Fitness to practice procedures. Given the stress and reputational damage that doctors can experience during Fitness to Practice proceedings, recent changes will hopefully go some way to ensure that complaints are only investigated and brought to the Preliminary Proceedings Committee where there is sufficient cause.

The IMO welcomes the Medical Council's focus on right touch regulation and looks forward to a wider consultation on the proposed risk-based approach for dealing with complaints against doctors.

Adverse events are often the result of under-resourcing and systemic issues however doctors can often find themselves defendants in lengthy medical negligence claims and as well as fitness to practice procedures causing stress to doctors as well as damage to their reputation.

The culture of blame following an adverse event does not benefit patients, doctors or the state. Concerted efforts by all stakeholders, including the Medical Council, must be made to move towards a more "just culture" in medicine which recognises that mistakes can occur but acknowledges the systemic and environmental factors that contribute to an adverse event with a focus on learning. In a "just culture" reckless and negligent behaviour is not tolerated but healthcare staff are not held responsible for systemic failings over which they have no control .

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**Q16 The third theme of the Strategy is Transform**

The objectives set out under this theme will ensure that **the Medical Council will transform its services and supports to deliver effectively for doctors and the public.**

**To what extent do you agree that this theme is appropriate:**

- Strongly agree
  - Agree
  - Neither agree nor disagree
  - Disagree
  - Strongly disagree
- 

**Q17 Please provide a reason for your choice above:**

**10. Effective and efficient resource management to deliver our strategic goals and statutory functions in a sustainable way.**

The IMO is of the view that the Medical Council should be funded through general taxation rather than through retention and registration fees. However, given that the Medical Council receives it's funding from the medical profession the IMO has called for the establishment of an operational oversight committee comprised solely of members of the medical profession to ensure that the Council is delivering a cost effective service.

Registration fees can be particularly prohibitive for interns and NCHDs, clashing with changes in rotation where they face additional costs finding new accommodation and may be subject to emergency taxation . Doctors should be able to spread the payment of registration fees by monthly direct debit.

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**Q18 The fourth theme of the Strategy is Invest**

The objectives set out under this theme will ensure that **the Medical Council will invest in its staff, governance and culture to deliver its strategic goals**

**To what extent do you agree that this theme is appropriate:**

- Strongly agree
  - Agree
  - Neither agree nor disagree
  - Disagree
  - Strongly disagree
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**Q19 Please provide a reason for your choice above:**

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**Q20 Do you agree that the draft Statement of Strategy accurately aligns with the Medical Council's roles and responsibilities?**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

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**Q21 Please provide a reason for your choice above:**

A key role of the Medical Council is to produce the Guide to Professional Conduct and Ethics for Medical Practitioners. While the Guide must take into account new legislation, legislation should not be pre-empted and a clear distinction between clinical ethics and law (which is unethical) must be made. Legislation should not be included until it is passed and should be framed in the context of clinical ethics. The IMO notes a failure to appropriately inform, consult and ensure appropriate debate with the medical profession and representative bodies over major changes in the direction in the most recent edition of the Ethics Guide, and calls on the Medical Council to engage in wider consultation on the Ethical Guidelines so as to ensure a focus on clinical ethics in any amendments and to proactively engage on any significant changes that will impact on the clinical practice of the profession.

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**Q22 Are there any additional areas of priority you think should be considered for inclusion in this Statement of Strategy?**

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**Q23 Do you have any other comments or suggestions that you would like to offer with respect to the draft Statement of Strategy?**

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Q24 Thank you for taking the time to complete this survey.

Please select the next arrow to submit your response.

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