

Medical Council Consultation Feedback Form
Draft Rules Specifying Examinations and Criteria for Registration in the
Supervised Division – July 2011

Name of individual or group:	Irish Medical Organisation
Organisation and Job Title:	Irish Medical Organisation
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Date:	18 July 2011
For group responses, please indicate the number of people responding:	Approximately 5,600 members.
If you wish to make comment on specific amendments to the rules please enter your comment in the appropriate box below. Space has also been provided at the end of this document for general comment.	
REGISTRATION RULES	
DRAFT AMENDED RULE NUMBER:	COMMENTS:
1.1	
1.2	<p>The "Supervised Division" to the Register of Medical Practitioners has been introduced to provide a quick solution to the current shortage of Non-Consultant Hospital Doctors (Junior Doctors) in Irish Hospitals. While the PRES examination is considered a deterrent to doctors qualified outside the European Union, multiple factors contribute to the current crisis. In addition to the problems of terms and conditions and the perception of Ireland compared to competing health systems, the lack of any training/development in "service only" posts acts as a significant disincentive. In order to attract Junior Doctors to these posts:</p> <ul style="list-style-type: none"> • A "Supervised" post must include the provision of supervision of the registrant by a named Consultant (who must be registered on the Specialist Register) • The supervisor/mentor should conduct regular/periodic one-to-one appraisals and give feedback to the doctor on his performance • Appraisals should be conducted using tools (already) developed by the training bodies and include the development of a professional development plan with

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	<p>each doctor</p> <ul style="list-style-type: none"> • The doctor should be required to be registered with the appropriate Post-graduate training body - limited to a specific specialist area - to which these assessment and personal development plan would be returned. • The training body would determine that there is satisfactory performance/progress in these appraisals, that the development plan is appropriate, provide additional assessment where performance is below par and offer remediation/appeal etc. • Satisfactory performance in these appraisals (with the usual safeguards of appeal) as determined by the training body should be a requirement to remain on the register. It should NOT be necessary to make a complaint to the Medical Council if a doctor is not performing - this is in the interests of the doctors, the patient and the supervising Consultant. • Support should be provided to those doctors who wish to complete the PRES and apply for entry onto the General or Training Register and/or to take the professional exams of the training body and seek entry onto the Register through an alternative route. <p>The supervised post must be an individually numbered, identifiable post certified by the HSE or HSE funded agencies.</p> <p>Documentation must also include Garda Clearance which can delay recruitment.</p>
1.3	Information relating to the level 2 assessment is sparse and details need to be elaborated.
1.4	
1.5	
2.1	
3.1	
APPENDIX 1 - DECLARATION	<p>The Declaration in Appendix 1 needs the following amendments:</p> <ol style="list-style-type: none"> I. In section (a) & (e) that the post is either a registrar or SHO post and that the wording "insert appropriate grade" needs to be removed until such time as there is agreement on other grades. II. Also in section (a) the consultant whose team the post is part of (or consultants if the post is shared) needs to be named with proof that they are on the specialist register.

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	<p>III. Section (b) should state that the doctor is being employed in line with the terms and conditions of the nationally agreed NCHD contract.</p> <p>IV. Consultants must be involved in the selection of NCHD's who will work with them. In section (g) some mention of the approval of the supervising consultant should also be mentioned.</p> <p>V. In section (h) the supervision arrangements must meet all the criteria of a "Supervised " post, including the criteria outlined in 1.2 above.</p> <p>VI. The Declaration should also state that the doctor must fulfil all eight domains of good professional practice as defined by the IMC.</p> <p>VII. The CEO or equivalent of the hospital must sign that the proposed post meets all the criteria of a "Supervised " post, and ensure that the environment is appropriate. The only liability attached to the mentor is to undertake the appraisals/assessments in the context of a structure provided by the training bodies. There is need for clarity on many Clinical indemnity matters. CIS should provide that consultants are not in the firing line as a result of these emergency measures.</p>
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GENERAL COMMENTS:

GEN1: Do you understand the amendments to the Rules?

The IMO understands that the amendments to the rules establish the criteria and examinations to be undertaken by physicians applying for registration in the Supervised Division of the Register of Medical Practitioners pursuant to the provisions of the Medical Practitioners (Amendment) Act 2011.

The Medical Practitioners (Amendment) Act 2011 provides a rapid solution to the shortage of Non-Consultant Hospital Doctors (Junior Doctors) in Irish Hospitals, allowing doctors qualified outside the EU to undergo a two-part assessment specific to their medical speciality and to this division. Doctors registered in "Supervised" posts are not required to pass the PRES.

GEN2: Are there any amendments to the Rules where a principle is not clearly explained?

The IMO believe that the title "Supervised Division" is somewhat misleading in that all existing Specialist Training posts are supervised. While this falls somewhat outside of the domain of the Medical Council consultation, the name of the new Division should reflect the reality that the assessment is of a lower standard. A more appropriate name would be "Provisional Division".

GEN3: Are there any issues which you feel ought to but have not been addressed by these amendments to the Rules?

As mentioned in 2.1 above the amendments to the rules fail to address the multiple factors which contribute to the shortage of applicants for NCHD posts in Irish Hospitals. Formal mentoring, ongoing assessment, feedback and opportunity for career progression will help to address the shortcomings of service only posts.

The introduction of the Supervised Division also fails to address (and may further complicate) a problem inherited from the previously flawed legislation in that the criteria for entry on the Trainee Specialist Register is too narrowly defined while the criteria for the entry onto the General Register is too broad.

In particular a physician on the General Register may practice in any speciality without having received formal training in that speciality, an anomaly which has necessitated the PRES exam being so broad. However once on the General Register the doctor must comply with competence assurance which in the whole is conducted via the speciality in which they mainly work.

Entry onto the General Register should be tied to a speciality or "scope of practice" and the entry exam limited to that scope. Their practice should have clinical oversight by

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someone who is on the Specialist Register.

The whole exercise is experimental and emergency in nature. It should be limited in time with a maximum duration of less than 2 years. Any extension should require full agreement and a satisfactory explanation as to why the underlying factors that have created the emergency have not been corrected. The Supervised Division is a stop-gap that should not be allowed to become established or expanded.

GEN4: If you wish to make comment generally on the draft amendments to the Rules, please use the space provided below:

The Medical Council should publish aggregate data on the number of doctors in each division on a regular 6 month basis.