



Guide prepared in accordance with Section 15 and  
16 of the Freedom of Information Acts 1997-2003

April 2007

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## **1. Preamble**

This manual is prepared in accordance with the publication requirements set out in Section 15 and 16 of the Freedom of Information Acts, 1997 and 2003 (the Acts). Its purpose is to facilitate access to information held by the Medical Council by outlining the structure and functions of the Council; details of the services provided and how they may be availed of; information on the classes of records held and information on how to make a request to the Medical Council under the Freedom of Information Acts.

The Acts asserts the right of members of the public to obtain access to official information to the greatest extent possible consistent with the public interest and the right to privacy of individuals.

The Acts establishes three statutory rights:

- a legal right for each person to access information held by public bodies;
- a legal right for each person to have official information relating to him/herself amended where it is incomplete, incorrect or misleading;
- a legal right to obtain reasons for decisions affecting oneself.

### **1.1 Information routinely available**

The Council makes information routinely available to the public in relation to its functions and activities without the need to use the FOI Acts. The FOI Acts are designed to allow public access to information held by public bodies which is NOT routinely available through other sources. Access to information under the Acts is subject to certain exemptions and involves specific procedures and time limits.

### **1.2 Data Protection Acts**

The Council is also bound by the Data Protection Acts 1998 and 2003.

## **2. Description and Functions**

The Medical Council was established under the Medical Practitioners Act, 1978 to "provide for the registration and control of persons engaged in the practice of medicine".

### **2.1 Main Functions**

- (i) To maintain the General Register of Medical Practitioners and the Register of Medical Specialists.
- (ii) To satisfy itself as to the suitability of medical education and training, the standards of theoretical and practical knowledge for primary qualifications, the clinical training and experience required for the granting of a Certificate of Experience, and the adequacy and suitability of postgraduate education and training provided by bodies recognised by the Council for the purposes of medical specialist training.
- (iii) To inquire into the conduct of registered medical practitioners on the grounds of their alleged professional misconduct and/or fitness to engage in the practice of medicine by reason of physical or mental disability.
- (iv) To provide guidance to the medical profession generally on all matters relating to ethical conduct and behaviour and to inform the Minister for Health and Children and the public on all matters relating to the functions of the Council.

- (v) To promote compliance with legislation concerning medical ionising radiation.

## 2.2 Composition of the Medical Council

The Council has 25 members whose term of office is five years. Fifteen members are appointed and ten members are elected.

### Appointed Members

One member is appointed by each of the following bodies to represent its medical school:

- University College Cork
- University College Dublin
- National University of Ireland, Galway
- University of Dublin
- Royal College of Surgeons in Ireland

Two members are appointed by the Royal College of Surgeons in Ireland, of whom one represents the surgical specialties and the other jointly represents the specialties of Anaesthesia and Radiology.

Two members are appointed by the Royal College of Physicians of Ireland, of whom one represents the medical specialties and the other jointly represents the specialties of Pathology and Obstetrics & Gynaecology.

Two members are appointed by the Minister for Health & Children – following consultation with the relevant representative bodies - to represent Psychiatry and General Medical Practice.

Four members are appointed by the Minister for Health & Children to represent the interests of the general public, of whom at least three must not be registered medical practitioners.

### Elected Members

Ten fully registered medical practitioners who are in practice in the State are elected by fully registered medical practitioners, of whom at least:

- two are consultants in general hospitals not being consultant psychiatrists
- one is a consultant psychiatrist
- one is engaged in community medicine
- one is engaged in hospital practice other than as a consultant
- two are general practitioners

The three additional elected members are those with the highest number of votes from any of the above categories.

## 2.3 Membership for the term of office April 2004 – April 2009

### Appointed Members

<b>Medical Schools</b>	
University College Cork	Professor Eamonn Quigley
University College Dublin	Professor William Powderly
National University of Ireland Galway	Dr. P.A. Carney
University of Dublin	Professor Ian Graham
Royal College of Surgeons in Ireland	Professor Anthony J. Cunningham
<b>Postgraduate Training Bodies</b>	

Royal College of Surgeons in Ireland to represent:	
The Surgical specialties	Professor W. Arthur Tanner
The specialties of Anaesthesia and Radiology	Dr. Michael Hurley
Royal College of Physicians of Ireland to represent:	
The Medical specialties	Professor J.A.B. Keogh
The specialties of Obstetrics & Gynaecology and Pathology	Dr. J. Conor O'Keane
<b>Ministerial appointments</b>	
Appointed to represent:	
Psychiatry	Professor Kieran Murphy
General Medical Practice	Dr. Ailís Ní Riain
Interests of the general public:	Ms. Mary Rose Carroll* Ms. Mary Gilsenan* Dr. Deirdre Madden* Ms. Margo Topham*

\* Non medical member

### **Elected Members**

Consultants in General Hospitals	Dr. Declan Sugrue Dr. Colm Quigley Mr. Hugh C. Bredin Mr. J. Brendan Healy Dr. E.P.J McGuinness
Consultant Psychiatrist	Dr. John A. Hillery
Community Medicine	Dr. Anna Clarke
Hospital practice, other than as a consultant	Mr. Asam Ishtiaq
General Practitioners	Dr. Miriam Hogan Dr. Bernard Ruane

### **The President and Vice-President of the Council elected by the members**

President	Dr. John A. Hillery
Vice-President	Dr. Colm Quigley

#### **2.4 Medical Council meetings**

The Council, chaired by the President, meets on average eight times a year and meets on other occasions if there is urgent business to discuss.

#### **2.5 Committees**

The Council is required by law to establish an Education and Training Committee and a Fitness to Practise Committee. Only members of the Medical Council may sit on the Fitness to Practise Committee. Membership of all other Committees is open to non-Council members. The Council may establish as many committees as it considers necessary to carry out specific functions. The following Committees have been established:

### **Education and Training Committee**

#### **Chairman Professor Anthony J. Cunningham (17 Members)**

Council members appointed by the five universities are automatically members of the Education and Training Committee. The Committee's main role is to ensure standards in undergraduate, postgraduate and continuing medical education in Ireland. The Committee undertakes inspections of medical schools and hospitals in order to ensure that training sites provide the best possible education and training opportunities for doctors.

### **Fitness to Practise Committee**

#### **Chairman Mr. J. Brendan Healy (19 members)**

By law the elected members of the Medical Council must form a majority on the Fitness to Practise Committee. The main role of the Committee is to consider complaints against registered medical practitioners on the grounds of their alleged professional misconduct and/or alleged unfitness to engage in the practice of medicine by reason of physical or mental disability. Having considered a complaint, the Committee can decide that no further action is required or can hold an inquiry into the doctor's professional conduct or fitness or both.

### **Ethics Committee**

#### **Chairman Dr. Deirdre Madden (12 members)**

The role of the Committee pursuant to Section 69(2) of the Medical Practitioners Act, 1978 is to give guidance to members of the medical profession on all matters relating to ethical conduct and behaviour. The Committee's main function is to produce "A Guide to Ethical Conduct and Behaviour" last published in March 2004.

### **Finance and Governance Committee**

#### **Chairman Professor JAB Keogh (10 members)**

The role of the Finance & Governance committee is to oversee the finances of the Medical Council and to ensure that required systems and controls are in place to maintain the integrity of the finances and to ensure compliance with legal obligations. In addition to financial matters, the Committee also ensures that best practice in the area of corporate governance is applied to the activities of the Council.

### **Health Committee**

#### **Chairman Dr. Declan Sugrue (13 members)**

The Health Committee is comprised of medical and non-medical members and was established to assist doctors with health related difficulties where such difficulties do not put the interests of patients at risk. The Committee's terms of reference are available on the Council's website. Only the Chairman is a member of the Medical Council.

### **Medical Ionising Radiation Committee**

#### **Chairman Dr. Michael Hurley (18 members)**

The Medical Ionising Radiation Committee (MIRC) was established following the introduction of the European Communities (Medical Ionising Radiation) Regulations 1988 and S.I. No. 189 of 1988, now revoked with the introduction of S.I. No. 478 of 2002. (European Communities (Medical Ionising Radiation Protection) Regulations 2002). Under this statutory instrument, which is the Committee's main point of reference, the Medical Council has duties and responsibilities with regard to the use of ionising radiation for medical purposes, by registered medical practitioners.

The Committee is composed of Council members and appointed professionals from the following bodies who have a special interest in medical ionising radiation, and who provide expert advice:

- Association of Physical Scientists in Medicine
- Dental Council
- Faculty of Radiologists
- Health and Safety Authority

- Irish Institute of Radiography
- Radiological Protection Institute of Ireland

**Registration Committee**

**Chairman Dr. Ailís Ní Riain (26 members)**

The Committee is responsible for all policy matters relating to the General Register of Medical Practitioners and the Register of Medical Specialists. The Committee is made up of Council members and representatives of each of the thirteen recognised training bodies.

**2.6 Working Groups**

The Council has established a number of working groups which meet at intervals determined by pending business:

**Competence Assurance Advisory Group**

**Chairman Dr. Colm Quigley**

This group is responsible for advising the Council on issues surrounding the development and implementation of performance in practice structures for the profession.

**Performance Committee (8 members)**

**Chairman Ms. Anne Maher**

This group is responsible for the implementation of performance in practice structures. The group consists of eight members and is representative of the public interest and the profession.

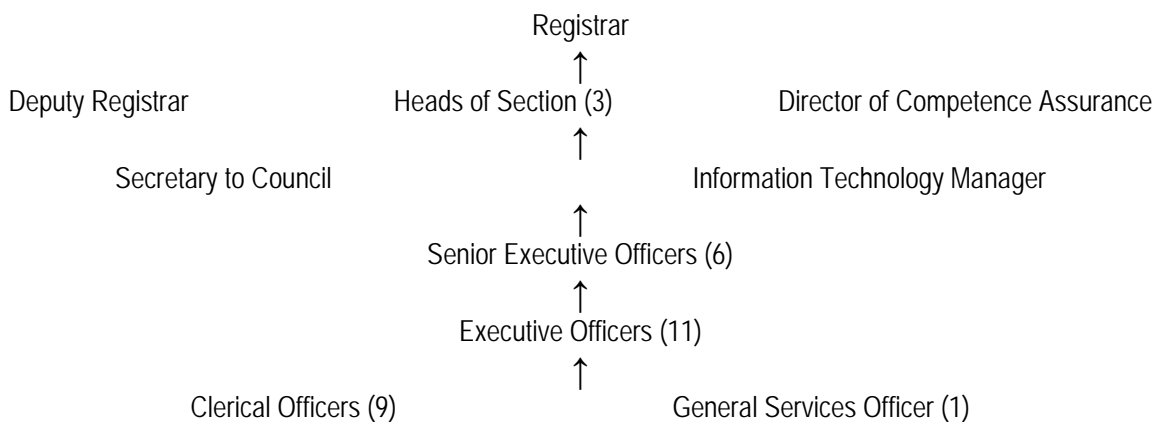
**Monitoring Group**

**Chairman Ms. Margo Topham**

This group is responsible for monitoring compliance with conditions attached to a doctor's registration by the Council following an inquiry by the Fitness to Practise Committee.

**2.7 Administrative Structure**

The decisions of the Council are carried out by the Registrar (Chief Executive). The Registrar is responsible for the day to day activities of the Council with the assistance of a management team comprised of the Heads of Section; (Registration, Professional Standards, Education & Training and Finance) the Director of Competence Assurance; the Information Technology Manager and the Secretary to Council. The Head of Registration is also Deputy Registrar. The staff of the Council is structured as follows:



### **3. Access to information under FOI**

#### **3.1 Applications under the FOI**

Under the Freedom of Information Act, anyone is entitled to apply for access to information not otherwise publicly available. Each person has a right to:

- access records held by the Medical Council.
- correct personal information relating to them held by the Medical Council where it is inaccurate, incomplete or misleading.
- access reasons for decisions made by the Medical Council directly affecting them after 30<sup>th</sup> May, 2006.

The following records come within the scope of the Act:

- all records relating to personal information held by the Medical Council irrespective of when created.
- all other records created from commencement date, i.e. 21<sup>st</sup> April, 1998.
- any other records necessary to the understanding of a disclosed record.

The Medical Council is required to respond to the request within four weeks. Applications for information under the Freedom of Information Act should be addressed to:

Freedom of Information Officer  
Medical Council  
Portobello Court  
Lower Rathmines Road  
Dublin 6

Applications should be on the Freedom of Information Application Form available on the Council's website and must indicate that the information is sought under the Freedom of Information Act. If information is desired in a particular form, i.e. photocopy, computer disk etc, this should also be stated in the application. Persons seeking information should provide as much detail as possible to enable the staff of the Medical Council to identify the record. The Freedom of Information Officer is happy to provide assistance to those who have difficulty identifying the precise records they require.

#### **3.2 Rights of review and appeal**

The Act sets out a series of exemptions to protect sensitive information where its disclosure may damage key interests of the State or of third parties. Where these provisions are invoked to withhold information, the decision may be reviewed and appealed. Decisions in relation to deferral of access, charges, forms of access, etc. may also be the subject of review and appeal. Details of the review and appeals mechanisms are as follows.

#### **3.3 Internal Review**

You may seek internal review of the initial decision which will be carried out by an official at a higher level if:

- a) you are dissatisfied with the initial response received, i.e. refusal of information, form of access, charges etc, or

- b) you have not received a reply within four weeks of your initial application. This is deemed to be a refusal of your request and allows you to proceed to internal review.

Requests for internal review should be submitted in writing to:

The Registrar  
Medical Council  
Portobello Court  
Lower Rathmines Road  
Dublin 6

A request for internal review must be submitted within four weeks of the initial decision. The review must be completed within three weeks. Internal review must normally be completed before an appeal may be made to the Information Commissioner.

### 3.4 Appeal to the Information Commissioner

Following completion of internal review and refusal, you may seek an independent review of the decision from the Information Commissioner. Also, if you have not received a reply to your application for internal review within three weeks, this is deemed to be a refusal and you may appeal the matter to the Commissioner.

Appeals in writing may be made directly to the Information Commissioner at the following address:

Office of the Information Commissioner  
18 Lower Leeson Street  
Dublin 2

### 3.5 Fees

Pursuant to section 47 of the Freedom of Information Act, fees may be charged as follows:

#### *Personal information*

Under FOI no charges are likely to arise where requests are made for records which contain personal information or where amendments to records containing personal information are requested. There may be exceptions in cases where the volume of material is large involving hundreds of pages.

#### *Non-Personal information*

A fee of €15 must accompany a request for non-personal records. A reduced fee of €10 applies for medical card holders.

Charges can be made for the time spent finding records and for any costs involved in copying the records to be released. There is no charge for the time spent deciding whether or not a record should be released.

Current search and retrieval fee, per hour €20.95

#### *Copying charges*

- Photocopy per sheet €0.04
- Floppy disk €0.51
- CD-ROM €10.16

### *Deposits*

If the estimated charge is more than €50 a deposit of 20% will be sought. Final charges are based on the actual search, retrieval and copying of records released. If the fee is likely to exceed the estimate, the requester will be contacted to review the definition of the request.

### *Internal Review Fee*

The fee for an internal review is €75 (€25 for medical card holders)

### *Appeal to the Information Commissioner*

The fee for an appeal to the Information Commissioner is €150 (€50 for medical card holders)

Charges may be waived in the following circumstances:

- where the cost of collecting and accounting for the fee would exceed the amount of the fee;
- where the information would be of particular assistance to the understanding of an issue of national importance; or,
- in the case of personal information, where such charges would not be reasonable having regard to the means of the requester.

<b>4. Office of the Registrar</b> <b>Telephone: + 353 1 4983161 Fax + 353 4983104</b>
--

Mr. John P. Lamont, Registrar  
Ms. Lisa Molloy, Secretary to Council  
Mr. Jim McDermott, Information Technology Manager  
Ms. Elizabeth Molloy, Personal Assistant to the Registrar

The Registrar is the Chief Officer of the Medical Council.

#### **4.1 Functions of the office**

The office supports the work of other sections of the Medical Council by: securing and supplying the necessary human, financial and technical resources; managing the working environment; and supporting a quality customer service. The work of the Section involves the following functions.

- Advising and liaising on all matters relating to staff
- Ensuring the effectiveness of financial management systems
- Meeting the information technology needs of the Council
- Developing systems for monitoring and evaluating performance
- Implementing where appropriate, and supporting the application of the Customer Charter
- Ensuring effective procurement arrangements are in place
- Ensuring the proper maintenance and safe use of our premises
- Ensuring that the requirements of the Freedom of Information Acts and other legislation are met
- Providing secretarial support to the Council and its Committees.
- Co-ordinating the production of all corporate material e.g. newsletters, information leaflets, policy statements etc.
- Managing public relations for the Council e.g. dealing with media enquiries and issuing press releases.

#### **4.2 Classes of Records Held**

- Personnel Records
- Internal Administrative Files
- Legal Files
- Legislation/Regulations/EU Directives
- Minutes of the Medical Council
- Documentation relating to Medical Council meetings
- Corporate publications
- Press releases

#### **4.3 Information available outside the Freedom of Information Act**

Medical Council term reports, newsletters, policy documents, press releases, information leaflets.

## **5. Registration Section**

**Telephone: + 353 1 4983130 Fax + 353 1 4983102**

Mr. David Hickey, Deputy Registrar & Head of Registration  
Ms. Una O'Rourke, Senior Executive Officer  
Mr. Eoin Keehan, Senior Executive Officer

### **5.1 Functions of the Registration Section**

- Processing applications for full, internship and temporary registration in the General Register of Medical Practitioners
- Processing applications for registration in the Register of Medical Specialists
- Implementation of policy set by the Registration Committee
- Maintenance and publication of the General Register of Medical Practitioners and the Register of Medical Specialists
- Assisting doctors and the public with all registration related enquiries.
- Liaison with hospitals, statutory agencies, medical schools and registration authorities abroad

### **5.2 Classes of records held**

- A file for each practitioner whose name is entered in the General Register of Medical Practitioners and the Register of Medical Specialists
- Electronic data bases on which the registers and details of all applications are maintained
- Files relating to applicants for registration in the General and Specialist registers
- Files relating to Register of Medical Specialists Appeals
- Files relating to medical registration authorities abroad
- Files relating to contact with the Department of Health & Children and other Government Departments and statutory bodies
- Files relating to the conferring of primary degrees by universities in the Republic of Ireland
- Files relating to the conferring of higher qualifications within the Republic of Ireland
- Minutes of the Registration Committee
- Standard operating procedures
- General administrative files

### **5.3 Information available outside FOI**

The following public information may be accessed without using FOI.

Most of this information is available on the Council's website [www.medicalcouncil.ie](http://www.medicalcouncil.ie).

- The Registers on CD rom (available for purchase)
- The Registers on the website
- Information on the application procedure for each type of registration
- Application forms
- Information on registration fees
- Registration statistics
- TRAS regulations
- Rules concerning Temporary Registration
- Rules concerning Clinical Attachments
- Guidelines for Clinical Observers

### **5.4 General Register of Medical Practitioners - practices and procedures**

This section gives information on the practises and procedures operated by the Registration Section relating to the granting of full, internship and temporary registration under the provisions of Part III of the

Medical Practitioners Act, 1978 as amended by the Medical Practitioners (Amendment) Acts 2000 and 2002.

**It should be noted that the Medical Council has no responsibility for or ability to obtain employment for any doctor who has been granted or declared eligible for registration.**

## **5.5 Full Registration**

Full registration entitles a doctor to engage in independent practice in Ireland.

### **5.5.1 Eligibility criteria**

- A. Doctors who before the establishment of the General Register of Medical Practitioners on 1<sup>st</sup> July, 1980 were entitled to be registered in accordance with the Medical Practitioners Acts, 1927-1961.
- B. Doctors who obtain a primary degree in medicine from a medical school in Ireland (National University of Ireland-Galway; Royal College of Surgeons in Ireland; Trinity College; University College Cork and University College Dublin) and who submit a Certificate of Experience confirming that they have satisfactorily completed internship training.
- C. EU nationals who obtain a primary degree in medicine in an EU member state and satisfy the requirements of Directive 93/16/EEC as amended.
- D. Doctors who obtain a primary degree in medicine from a university in South Africa, New Zealand, the Canadian province of Saskatchewan or the Australian states of New South Wales, South Australia, Victoria and Western Australia and who are fully registered to practice medicine in the country, province or state in which their degree was awarded.
- E. Doctors who obtain a primary degree in medicine from the University of Queensland, Australia and who are fully registered with the Medical Board of Queensland and who comply with rules for full registration made by the Medical Council.
- F. Doctors who have held temporary registration in the General Register of Medical Practitioners for not less than two years since 1<sup>st</sup> July 1980 and who have completed prescribed courses of training or prescribed experience and who comply with rules for full registration made by the Medical Council and approved by the Minister for Health and Children.
- G. EU nationals who obtain a primary qualification in medicine from a medical school in a non-EU member state, listed in the World Health Organisation Directory of Medical Schools and who hold full registration with an EU registration authority and who comply with rules for full registration made by the Medical Council.

### **5.5.2 Required documents**

In general, doctors applying for full registration are required to submit the documents listed below. There will be some differences in the documentation required depending on which category (A to G in 5.5.1 above) the doctor is applying under. A full list of supporting documentation for each category is available on the Council's website [www.medicalcouncil.ie](http://www.medicalcouncil.ie).

- Completed application form
- Notarised/attested copy of primary medical degree
- Certificate of Experience certifying completion of a satisfactory internship
- Original Certificate of Good Standing, dated within three months, certifying that the doctor is not subject to any disciplinary proceedings
- Evidence of identity.

- Application fee

All documents which are not in the English language must be submitted with an official English language translation.

### **5.5.3 Application procedure**

Once an application for full registration is received it will be examined normally within five working days. **If the application is complete** and the doctor has not indicated that he/she is the subject of any disciplinary proceedings and has no health difficulties, it will normally be processed within the next ten working days. Priority will be given to complete applications. Incomplete applications cannot be processed. The doctor will be informed of the additional information/documentation required and will be given 12 weeks to complete the application. Applications which are not completed within this 12 week period will be refused. Any original documents submitted by the doctor will be returned by registered post and the application fee for registration will be forfeited in full. Doctors may re-apply but their application will be treated as a new application. The Council may independently verify documents submitted in support of an application for full registration. All documents which are not in the English language must be submitted with an English language translation.

### **5.5.4 Notification of disciplinary proceedings and/or health difficulties**

Where in the process of considering an application for full registration, the Council receives information from the applicant, or another source, that there are disciplinary proceedings in progress against the applicant by a registration authority or any other body, or that the applicant has a health issue which would affect his/her ability to safely engage in the practice of medicine, the matter will be investigated before a decision is made on the granting of registration. This investigation will normally involve the applicant being asked to provide further information or to comment on information which has been received. Where necessary, information from a relevant third party e.g. overseas registration authority or treating doctor may also be sought. Once the necessary information has been received, the Head of Registration - following consultation with the Chairman of the Registration Committee - may either grant registration or refer the application to the Registration Committee for consideration at its next scheduled meeting. The Committee may interview the applicant before it makes a decision. The decision of the Committee may be subject to confirmation by the Council.

### **5.5.5 Refusal on grounds of unfitness**

The Medical Council under section 27 of the Medical Practitioners Act, 1978, may refuse an application for registration in the grounds of the unfitness of the applicant to engage in the practice of medicine. On making a decision to refuse registration, the Council must immediately inform the doctor in writing of the decision, the reason(s) for the decision and the date it was made. The doctor against whom the decision is made, can within a period of two months from the date of the decision, apply to the High Court to have the Council's decision cancelled.

### **5.5.6 Refusal on administrative grounds**

If an applicant does not satisfy the criteria for full registration written confirmation to this effect will be issued normally within 15 working days. All original documents will be returned by registered post and a full refund of the application fee will be issued.

### **5.5.7 Certificate of Registration**

Once a doctor has been granted full registration, a Certificate of Full Registration is sent to the address which he/she provides for entry in the Register. The doctor's registered address will be included in the website version of the register. Doctors are encouraged to use their work address as their registered address where possible. A doctor is required by law to display the Certificate of Full Registration at the place where he/she conducts the practice of medicine. A new certificate is issued each year after the doctor pays the annual registration fee.

### **5.5.8 Annual registration fee**

On 1<sup>st</sup> July each year fully registered doctors are required to pay a fee to retain their name on the register. This fee is set by the Medical Council with the consent of the Minister for Health and Children. The Council applies reduced annual fees for doctors aged 65-69 years and 70 years and over. There are no reductions in the annual fee outside of these age related categories. There is no facility at present to pay the retention fee in instalments. A list of the current fees is available on the Medical Council website [www.medicalcouncil.ie](http://www.medicalcouncil.ie). Fees may be paid electronically through the website. The annual fee may be claimed as a professional expense for income tax purposes in Ireland. A receipt for the annual fee is sent to the doctor's registered address with his/her Certificate of Registration.

### **5.5.9 Erasure for non-payment of the annual fee**

Doctors who fail to pay the retention fee will have their names erased from the Register in accordance with the provisions of the Medical Practitioners Act, 1978. The Act requires that at least two requests for the fee must be sent to the doctor's registered address by ordinary post before the Council can make a decision to erase. The second request will outline for the doctor the consequences of not paying the annual fee. After the Council makes a decision to erase for non-payment the doctor will be formally advised of his/her entitlement to appeal the decision to the High Court within a period of 21 days. Once the 21 day period elapses, the Council must have its decision to erase confirmed by the High Court. It is only after High Court confirmation is received that erasure takes effect. The doctor will be informed by letter of his/her erasure immediately after High Court confirmation has been received.

### **5.5.10 Restoration from erasure following non-payment**

If a doctor is erased for non-payment of the retention fee he/she may apply to have his/her name restored by completing an application form and paying the restoration fee and High Court costs. The following supporting documentation is required:

- An original Certificate of Good Standing, dated within the past three months, from the registration authority or authorities in whose jurisdiction the doctor was practicing since the erasure of his/her name or within five years, whichever date is later. The Certificate of Good Standing should be sent directly to the Medical Council by the overseas registration authority.
- If the doctor is not practicing medicine a statement to this effect must be submitted with the application.

Completed applications\* for restoration will normally be processed within 10 working days. A doctor must not commence practice until he/she has been informed that registration has been granted.

\*If an applicant declares disciplinary or health issues, the procedure outlined in paragraph 5.5.4 will be followed.

### **5.5.11 Voluntary withdrawal**

A doctor may apply in writing to have his/her name voluntarily withdrawn from the register. The Council must refuse an application for voluntary withdrawal if it is considering a complaint against the doctor or if the doctor has been convicted of an indictable offence within or outside the State (section 33 of the Medical Practitioners Act, 1978). If a doctor whose name is entered in the Register of Medical Specialists voluntarily removes his/her name from the General Register of Medical Practitioners, his/her name is automatically removed from the Register of Medical Specialists. No fee applies to the voluntary removal of a name from the register.

### **5.5.12 Restoration from voluntary withdrawal**

A doctor may apply to restore his/her name to the register following voluntary withdrawal by completing an application form and paying a fee. The completed application form must be returned with an original Certificate of Good Standing, dated within the past three months, from all registration authorities in whose jurisdiction the doctor was practicing since the voluntary withdrawal of his/her name or within five years,

which ever date is later. If the doctor has not practiced since his/her name was voluntarily withdrawn, a statement to this effect must be submitted with the application.

Once an application for restoration is received it will be examined normally within five working days. If the application is complete and the doctor has not indicated that he/she is the subject of any disciplinary proceedings and has no health difficulties, it will be processed normally within the next ten working days. If a doctor indicates that he/she has disciplinary or health issues the procedure set out in 5.5.4 will be followed. A doctor must not engage in the practice of medicine until he/she has been informed that his/her name has been restored to the Register.

Under Section 33 of the Medical Practitioners Act, 1978, the Medical Council may refuse to restore a person's name to the Register on the grounds of the unfitness of that person to engage in the practice of medicine. On making a decision to refuse restoration, the Council must immediately inform the doctor in writing of the decision, the reason(s) for the decision and the date it was made. The doctor against whom the decision is made may, within a period of two months from the date of the decision, apply to the High Court to have the Council's decision cancelled.

#### **5.5.13 Ministerial notifications**

In accordance with the requirements of Section 54 of the Medical Practitioners Act, 1978 the Minister for Health and Children is informed of the erasure or suspension of the name of any person from a register or the attachment of conditions. When a person's name is restored following erasure or suspension or when conditions are removed or varied, the Minister is also informed.

### **5.6 Internship Registration**

Internship registration is a restricted form of registration granted to graduates of the five Irish medical schools and graduates of recognised medical schools within member states of the European Union. Internship registration is granted for the purpose of internship training. A doctor graduating from an Irish medical school or an EU medical school must complete a satisfactory internship before he/she is eligible to apply for full registration. Internship training must be carried out in a hospital or other setting approved by the Medical Council. There are 39 hospitals in Ireland currently approved for internship training. These are listed on the Council's web site [www.medicalcouncil.ie](http://www.medicalcouncil.ie). A number of overseas hospitals are also approved. For the duration of internship training a doctor must practice under consultant supervision.

Internship training takes at least one year to complete. The training period should be consecutive. At least three months must be spent in Medicine in general and three months in Surgery in general. A doctor may also spend not less than two months but not more than three months in the following specialities:

- Emergency Medicine
- Obstetrics & Gynaecology
- Paediatrics
- Psychiatry
- General Practice
- Peri-operative medicine

#### **5.6.1 Certificate of Experience**

At the end of the internship, the doctor applies to the Dean/Head of his/her medical school for a Certificate of Experience. This certificate confirms that the doctor has completed a satisfactory internship. The Certificate of Experience must be submitted to the Medical Council in order for a doctor to be granted full registration.

#### **5.6.2 Application procedure**

Applicants for internship registration must complete an application form and submit this with the internship registration fee and a copy of their passport, driving licence or other acceptable evidence of identity which

contains a photograph. Applications are examined on receipt to ensure that they are complete. If the application is incomplete the doctor will be informed. Incomplete applications cannot be processed. Following the conferring of primary degrees in medicine, each university in Ireland provides the Medical Council with a sealed list of those conferred. On receipt of this list, internship registration is granted to graduates who have submitted an application for registration. Internship registration is only granted to those who apply and is not granted automatically to medical graduates. Once a doctor has been granted internship registration, a Certificate of Internship Registration and a receipt for the fee is sent to the address which he/she submits for entry in the register. The doctor will also be sent a copy of the *Intern Job Description and Log Book* and *A Guide to Ethical Conduct and Behaviour* both published by the Council.

Internship registration is of no practical use to a doctor once he/she has completed internship training and received a Certificate of Experience. At that point, a doctor should either apply for full registration or apply for voluntary withdrawal from the register. If a doctor holding internship registration voluntarily withdraws his/her name from the register and at a later date decides to apply for full registration, an application form must be completed and submitted with:

- A fee
- An original Certificate of Experience
- An original Certificate of Good Standing, dated within three months, from the registration authority in the country where the doctor was registered in the preceding five years, which should be sent directly to the Medical Council by the overseas registration authority
- If the doctor has not practiced since withdrawing his/her name from the register a statement to this effect is required

If a doctor indicates that he/she has disciplinary or health issues, the procedure set out in paragraph 5.5.4 will be followed.

## 5.7 Temporary Registration

Temporary registration is granted for the purpose of employment and further training. It is a limited form of registration which permits a doctor to practice in a named specialty under the supervision of a consultant in a hospital, health institution, clinic or general medical practice or in a prescribed health service setting approved of by the Medical Council. There are currently over 100 hospitals, institutions and clinics approved for the purpose of temporary registration. Temporary registration is only granted for Clinical Attachment posts and for recognised training posts subject to rules made by the Council available on the website [www.medicalcouncil.ie](http://www.medicalcouncil.ie).

### 5.7.1 Eligibility criteria

A non EU citizen who holds a primary degree in medicine\* from a University/Medical School listed in the current edition of the *World Health Organisation Directory of Medical Schools* is eligible to apply for temporary registration provided that he/she:

- Is **fully** registered with another registration authority and is in good standing
- Has completed a satisfactory internship of at least twelve months in hospital based specialties
- Has passed the IELTS test (unless otherwise exempted)

\*To date the Council has not approved qualifications in Osteopathic medicine for the purpose of temporary registration.

### 5.7.2 English language assessment (IELTS)

All applicants for temporary registration, unless otherwise exempted, are required to pass an English language assessment. The Council uses IELTS (International English Language Testing System) academic modules. The assessment tests a doctor's ability to communicate effectively in English and the modules cover: listening, academic reading, academic writing and speaking. The current IELTS regulations are

published on the Council's website. Doctors must pass the IELTS test before applying for temporary registration.

Persons who benefit under EU Directive 2004/38/EC are exempt from IELTS.

### **5.7.3 Assessment of clinical skills (TRAS)**

All doctors applying for temporary registration must pass the Temporary Registration Assessment Scheme (TRAS) unless otherwise exempted. The TRAS is designed to assess a doctor's ability to demonstrate professional knowledge and clinical judgement in the disciplines of medicine, surgery, obstetrics & gynaecology, paediatrics, psychiatry and general practice. The assessment is designed to ensure that a doctor has the capacity to form sound clinical judgements. The assessment is divided into two parts. Part I is in electronic format and consists of 60 multiple choice questions (MCQs), Part II consists of an objective structured clinical examination (OSCE). Only candidates who are successful in Part I of the TRAS may proceed to sit Part II. Part I may be taken at centres in Ireland, India, Pakistan and Egypt. Part II may only be taken at centres in Ireland. Further information on TRAS and the current regulations are available on the Council's website [www.medicalcouncil.ie](http://www.medicalcouncil.ie). TRAS is administered within the Medical Council by the Education and Training Section.

### **5.7.4 Exemptions from TRAS**

The Medical Council recognises that not all doctors should be required to pass the TRAS. Exemptions may be given on the basis of:

- A primary medical qualification satisfying the requirements of Directive 93/16/EEC awarded by a recognised medical school in an EU member state
- A recognised postgraduate qualification
- Acceptance into a formal postgraduate training programme recognised by the Council

If a doctor is exempted from the TRAS certain restrictions may attach to his/her temporary registration. Further information on exemptions and accompanying restrictions is available on the Council's website.

### **5.7.5 Application procedure**

In general doctors applying for temporary registration are required to submit the documents listed below. There will be some differences in the documentation required for doctors seeking exemption from TRAS or IELTS. A full list of supporting documentation is contained in the application form for temporary registration available on the Council's website [www.medicalcouncil.ie](http://www.medicalcouncil.ie).

- Completed application form
- Document examination fee
- Notarised copy of primary degree in medicine
- Original Certificates of Good Standing, dated within the past three months, from all registration authorities in whose jurisdiction the doctor was registered during the five years prior to application for temporary registration
- Notarised copy of Certificate of Experience confirming satisfactory completion of internship training
- Notarised copy of passport or other acceptable evidence of identity with a photograph

### **5.7.6 Verification policy**

It is the Council's policy to verify Certificates of Good Standing which are not received directly from the issuing authority. Other documents submitted in support of an application for temporary registration may also be verified.

### **5.7.7 Time scale**

Doctors who are seeking temporary registration should apply at least six months in advance of the commencement date of any post they may have been offered.

Once the application has been received it will normally be acknowledged and examined within 15 working days and a receipt for the document examination fee issued. Priority will be given to complete applications. Where an application is incomplete, the doctor will be given 12 weeks within which to submit the outstanding documents/information. If the required documents/information is not returned within this period, the application will usually be declared invalid and the document examination fee forfeited in full. The reasons for declaring the application invalid will be given to the doctor and any original documents submitted by the doctor will be returned by registered post. A doctor whose application has been declared invalid may re-apply for temporary registration. For a second or subsequent application received within a period of three years after the first application, the document examination fee is replaced by a lesser service fee. The length of time taken to process an application for temporary registration depends largely on whether the doctor is required to pass the TRAS. On average it takes at least six months to obtain temporary registration where a doctor is required to pass the TRAS. Where a doctor applies for exemption, the processing time is usually shorter, but this depends on the response to requests for verification. If a doctor indicates that he/she has disciplinary or health issues, the procedure set out in paragraph 5.5.4 will be followed.

#### **5.7.8 Decisions**

Once all the required documentation has been received, a decision will be made on the doctor's eligibility to be admitted to or exempt from TRAS. Decisions on exemption from TRAS on the basis of acceptance into a formal training programme are made by the Chairman of the Registration Committee. Decisions are made subject to satisfactory verification of documents. Applicants will be informed once they have been declared eligible to sit TRAS or be exempted. If verification is outstanding, they will be advised of this also.

#### **5.7.9 Initial temporary registration**

Once a doctor has passed or been exempted from the TRAS (and the documentation supporting his/her application is verified) the doctor will be informed in writing that he/she may be granted temporary registration. Temporary registration is counted in days and may be granted for a maximum aggregate period of 2555 days (seven years). At any one time, temporary registration for recognised training posts will not be granted for periods less than three months or greater than one year. Temporary registration up to a maximum of two months may be granted for Clinical Attachment posts. Clinical Attachment posts are not recognised for training.

A doctor holding temporary registration is registered for a recognised specialty, in an approved hospital, health institution or clinic during specified dates with a specified post title. The doctor's employer must confirm the doctor's specialty, post title, dates of appointment and the names of the supervising consultant(s).

When a doctor takes out initial temporary registration he/she must attend at the Medical Council's office by appointment and produce the originals of documentation already submitted in copy form. Formal evidence of identity must also be produced. The doctor is required to pay a fee for his/her first period of temporary registration. A Certificate of Temporary Registration with a receipt for the registration fee, a copy of *A Guide to Ethical Conduct and Behaviour* and the rules for temporary registration are issued to the doctor.

#### **5.7.10 New Periods of temporary registration**

Each time a doctor wishes to take out a new period of temporary registration he/she must submit an application form and pay a fee. If at any stage during a period of temporary registration a doctor wishes to change his/her employment he/she must apply to withdraw from the register for the existing hospital, health institution or clinic and re-register for the new position. If a temporarily registered doctor wishes to withdraw his/her name from the register he/she must submit a form countersigned by his/her employing authority.

#### **5.7.11 Change of Specialty**

Temporarily registered doctors who have passed TRAS or who were exempted on the basis of success in the PLAB test (the PLAB exemption ceased on 1<sup>st</sup> May 2006) or on the basis of holding a primary degree

from an EU member state, may only change the specialty for which they are registered to work with the approval of the Council. One change of specialty is normally permitted. Requests for additional changes may also be granted but only where the Council is satisfied that such changes are necessary to facilitate structured training. Doctors exempted from TRAS on the basis of acceptance into a formal training programme or on the basis of possession of an acceptable higher qualification, are not permitted to change their specialty. An application form for change of specialty is available on the Council's website.

#### **5.7.12 Temporary Registration in special circumstances**

Temporary registration can also be granted for the following activities:

- Demonstration of specialist knowledge and skill
- Provision of support services at public events
- Senior academic appointments

In accordance with the Medical Practitioners (Amendment) Act, 2002 the Council has prepared rules which set out the criteria and procedure for granting temporary registration for these activities. These rules are available directly from the Medical Council, on application.

### **5.8 Register of Medical Specialists**

On 1<sup>st</sup> January, 1997 in accordance with section 30 of the Medical Practitioners Act, 1978, the Council established a Register of Medical Specialists (specialist register) containing a division in respect of each recognised specialty. A full list of recognised specialties is available on the Council's website.

#### **5.8.1 What is a registered specialist?**

A specialist is a doctor who has completed his/her training and requires no further training or supervision to practice independently within the specialty division for which he/she is registered. Doctors must hold full registration with the Council before they can apply for specialist registration. At present entry in the specialist register is not compulsory. It is likely however that specialist registration will in future become compulsory for principal posts within the General Medical Services scheme (GMS) and for consultant posts in public hospitals. All doctors entered in the specialist register will be subject to competence assurance processes.

#### **5.8.2 Recognised training bodies**

In accordance with Section 38(3) of the Medical Practitioners Act, the Medical Council currently recognises the following bodies in Ireland for the purpose of granting evidence of satisfactory completion of specialist training:

- **Emergency Medicine** – The Royal College of Surgeons in Ireland
- **Anaesthesia** – The College of Anaesthetists, RCSI
- **General Practice** – The Irish College of General Practitioners
- **Medical specialties** – The Irish Committee on Higher Medical Training, Royal College of Physicians of Ireland
- **Obstetrics & Gynaecology** – The Institute of Obstetricians and Gynaecologists, Royal College of Physicians of Ireland
- **Occupational Medicine** – The Faculty of Occupational Medicine, Royal College of Physicians of Ireland

- **Ophthalmology** – The Irish College of Ophthalmologists
- **Paediatrics** – The Faculty of Paediatrics, Royal College of Physicians of Ireland
- **Pathology specialties** – The Faculty of Pathology, Royal College Physicians of Ireland
- **Psychiatry specialties** – The Irish Psychiatric Training Committee
- **Public Health Medicine** – The Faculty of Public Health Medicine, Royal College of Physicians of Ireland
- **Radiology** – The Faculty of Radiologists, Royal College of Surgeons in Ireland
- **Sports & Exercise Medicine** – The Faculty of Sports & Exercise Medicine, Royal College of Surgeons in Ireland
- **Surgical specialties** – The Royal College of Surgeons in Ireland

### 5.8.3 Eligibility criteria

Applicants must be fully registered medical practitioners at the time of application and:

- (a) prior to the establishment of the Register have, in the opinion of the Medical Council, completed specialist training in a recognised specialty, *or*
- (b) following the establishment of the Register, have been granted evidence of satisfactory completion of specialist training by a recognised body, *or*
- (c) be a national of a Member State of the European Union who possesses a diploma, certificate, or other evidence of formal qualification in specialised medicine recognised by the Medical Council and awarded by a competent body or authority designated for that purpose by a Member State, pursuant to any Directive adopted by the Council of the European Communities, *or*
- (d) satisfy the Medical Council that he/she has completed a programme of training in a recognised specialty of a standard considered by the Medical Council to be adequate.

### 5.8.4 Application Procedure

A fully registered medical practitioner must apply for registration in the Register of Medical Specialists by completing the application form and furnishing the specified documentation and application fee. Full information on the current application procedure is available on the Council's website. Complete applications are normally examined within ten working days. Priority will be given to complete applications. Below is a summary of the main supporting documentation required for specialist registration.

#### **Permanent consultant appointment – approved by HSE/Comhairle**

For applications under paragraph (a) in 5.8.3 above an applicant who holds a permanent consultant appointment in a hospital(s) providing services under the Health Act, 1970, must submit a letter in support of his/her application, signed by the Chief Executive Officer, or duly authorised officer, of his/her employing authority, stating that the appointment held immediately prior to 1<sup>st</sup> January, 1997, was obtained, after interview, held by a competent authority, e.g. Local Appointments Commission, Board of Management, and that the post(s) is one which is approved of by HSE/Comhairle.

#### **General Practice – GMS Scheme**

For applications under paragraph (a) in 5.8.3 above an applicant who practises in the specialty of General Practice, must submit a letter signed by the Chief Executive Officer, or duly authorised officer, of the Health Service Executive (HSE) stating that the applicant held a contract under the General Medical Services Scheme immediately prior to 1<sup>st</sup> January, 1997.

### **Public Health Medicine – specialist appointment**

For applications under paragraph (a) in 5.8.3 above an applicant who holds a specialist appointment in Public Health Medicine, must submit a letter in support of his/her application, signed by the Chief Executive Officer, or duly authorised officer, of the Health Service Executive (HSE) stating that the applicant held the appointment immediately prior to 1<sup>st</sup> January, 1997.

### **Doctors granted evidence of completion of specialist training**

For applications under paragraph (b) in 5.8.3 above an applicant who has been granted evidence of completion of specialist training by a recognised training body in Ireland and whose name appears on a list of doctors issued by that training body as having completed such training, must provide an unbound copy of their curriculum vitae together with the completed application form.

### **Nationals of Member States of the European Union**

For applications under paragraph (c) in 5.8.3 above nationals of Member States of the European Union, in possession of an EU primary medical qualification, must provide a certified copy of the appropriate document issued in accordance with EU Directive 93/16/EEC and subsequent directives, by the competent authority designated for that purpose by the relevant Member State.

### **Other Applicants**

For applications under paragraph (d) in 5.8.3 above applicants who have completed specialist training without supervision of the training body in Ireland, will be requested to submit two unbound copies of their curriculum vitae, evidence of CME/CPD, clinical audit, peer review and logbooks. Advice from the recognised specialist training bodies on whether the applicant has completed specialist training and obtained professional experience which is sufficient for entry in the Register of Medical Specialists will be sought by the Medical Council. An application will be assessed against the standard required for completion of specialist training in Ireland.

## **5.8.5 Incomplete applications**

Incomplete applications cannot be processed. The doctor will be informed of the additional information/documentation required and will be given 12 weeks to complete the application. Applications which are not completed within this 12 week period will be closed and the doctor will be informed accordingly. The application fee will be forfeited in full. All original documents submitted by the doctor will be returned by registered post. Doctors may re-apply but their application will be treated as a new application. The Council may independently verify documents submitted in support of an application for specialist registration. Any documents that are not in the English language must be submitted with an English language translation.

## **5.8.6 Advice from recognised training bodies**

Where it is necessary to request advice on a doctor's training and professional experience, the application form and supporting documentation is forwarded to the relevant recognised training body. The Council aims to process all applications within four months of receiving a complete application. In some instances further documentation may be requested by the training body and it may not be possible to adhere to this time frame.

Where advice is received from a training body that an applicant has not satisfied the criteria for completion of specialist training, the applicant will be afforded the opportunity to respond in writing to the training body's advice. This correspondence, together with additional evidence of training or experience where applicable, will be forwarded to the training body for comment. The training body's final recommendation will be considered by the Registration Committee which is responsible for granting or refusing entry to the specialist register.

### **5.8.7 Register of Medical Specialists Appeals Process**

Applicants who are refused entry to the Register of Medical Specialists by the Registration Committee are informed of the period(s) of additional training they require in order to satisfy the criteria for entry. An applicant is entitled to appeal a decision to refuse entry to an appeal board comprised of members of the Medical Council, a representative of the training body from the applicant's specialty and a representative of an independent training body.

A doctor may appeal the decision within three months of the date on which his/her application was refused. A fee is charged for appeals. The current fee is available on the Council's website [www.medicalcouncil.ie](http://www.medicalcouncil.ie). Appeals will normally be heard by the Appeal Board within four months from the date of receipt of the notice of appeal. In some instances more than four months may elapse between the receipt of the notice of appeal and the hearing.

While the applicant may be legally represented at the appeal, the process is not intended to be legalistic or confrontational. It is an opportunity for the applicant to discuss with the board his/her training and professional experience and the reasons why he/she believes that they have completed sufficient training and obtained sufficient professional experience to be entered on the Register of Medical Specialists. The appeal will focus on whether there is any additional information concerning a doctor's training/professional experience which the training body, in making its original recommendation to the Council, did not take into account. Following the appeal, the board issues a written report to the Medical Council with a recommendation on whether the doctor should be entered in the Register of Medical Specialists. The final decision rests with the Council.

### **5.9 Certificates issued by the Medical Council**

The following certificates are issued by the Medical Council. Requests for the certificates listed below should be made in writing, by e-mail or through the Council's web site.

#### **5.9.1 Certificate of Good Standing**

This is normally required by doctors who are seeking registration abroad. It confirms that there are no disciplinary proceedings in progress or contemplated against the doctor. There is a fee for a Certificate of Good Standing. On receipt of the fee the certificate will normally be processed within five working days. On request, the Council will send a Certificate of Good Standing directly to an overseas registration authority or other body and a copy will be sent to the doctor's registered address. A Certificate of Good Standing cannot be issued to a doctor who is the subject of a complaint before the Fitness to Practise Committee.

The Council is often requested to complete questionnaires from other registration authorities especially the United States and Canada, regarding a doctor's conduct, training and experience. In most cases it is not possible for the Council to complete these questionnaires as it does not possess the information requested on training and experience. In these circumstances the Council can only issue a Certificate of Good Standing.

#### **5.9.2 Certificate of Entry**

This certificate confirms the date on which full registration was granted. It can also be used as written confirmation that a doctor's name is entered in the register. There is a fee for a Certificate of Entry. On receipt of the fee the certificate will normally be processed within five working days.

#### **5.9.3 Letter of Eligibility**

This confirms that a doctor is eligible to be granted full registration with the Medical Council and is issued to graduates of Irish or EU medical schools who have completed internship training and submitted an original Certificate of Experience from the Dean/Head of their medical school. Letters of Eligibility are often requested by graduates of Irish medical schools, who have completed their internship, but have not taken up full registration and are seeking registration with the General Medical Council in the United Kingdom.

There is a fee for a Letter of Eligibility. On receipt of the fee, the certificate will normally be processed within five working days.

#### **5.9.4 Certificate of Specialist Doctor**

The Council issues Certificates of Specialist Doctor in accordance with the provisions of EU Directive 93/16/EEC, as amended, to doctors who require evidence of completion of specialist training for the purposes of working within the European Union. Applicants must be EU Nationals, possess an EU primary medical qualification and have completed the majority of their specialist training in Ireland. The Council may refer these applications to the appropriate recognised training body for advice as to whether the applicant has completed specialist training. In the event of a positive response, the Council will make a decision on issuing a certificate within five working days.

#### **5.9.5 Certificates of Specific Training or Acquired Rights in General Medical Practice.**

The Council issues Certificates of Specific Training or Acquired Rights in General Medical Practice under the terms of Title IV of EU Directive 93/16/EEC as amended. These certificates are required by doctors wishing to enter the national health schemes of EU countries and also for the GMS in Ireland. These applications may be referred to the recognised training body, the Irish College of General Practitioners, for advice as to whether the applicant has completed specialist training. In the event of a positive response, the Council will make a decision on issuing a certificate within five working days.

Doctors are required to submit an application form, their curriculum vitae, outlining all higher specialist training and an application fee. For Certificates of Specific Training in General Medical Practice, doctors must submit a copy of the certificate of completion of vocational training in General Practice.

In order to qualify for the issue of a certificate under the terms of 93/16/EEC, an applicant must be a national of the European Union in possession of a primary medical qualification awarded in an EU member state. In addition, the majority of the applicant's higher specialist training must be completed in Ireland.

#### **5.9.6 Appeals process**

Where an application for a Certificate of Specialist Doctor or a Certificate of Specific Training or Acquired Rights is refused, an applicant is entitled to appeal this decision to an appeal board comprised of members of the Medical Council, a representative of the training body from the applicant's specialty and a representative of an independent training body.

A doctor may appeal the decision within three months of the date on which his/her application was refused. A fee is charged for appeals. The current fee is available on the Council's website [www.medicalcouncil.ie](http://www.medicalcouncil.ie). Appeals will normally be heard by the Appeal Board within four months from the date of receipt of the notice of appeal. In some instances more than four months may elapse between the receipt of the notice of appeal and the hearing. The appeal will take into account the provisions of EU Directive 93/16/EC as amended by 2001/19/EC in regard to the issuing of Certificates of Specialist Doctor and Certificates of Specific Training and Acquired Rights.

#### **5.9.7 Certificate for GMS entry**

For doctors not eligible to be granted one of the certificates referred to in paragraph 5.9.5 above, the Council issues certificates under Article 36(5) of Directive 93/16/EEC. This certificate permits a doctor to apply for a GMS (General Medical Services) list. The certificate does not give the doctor any entitlement to be recognised as a specialist in General Medical Practice in other EU member states. Doctors are required to submit an application form, their curriculum vitae, outlining all higher specialist training and professional experience together with the application fee.

Applications for this certificate will be referred to the recognised training body, the Irish College of General Practitioners, for advice. In the event of a positive response, the Council will make a decision on issuing a certificate within five working days. In the event of a negative response the applicant is entitled to appeal as set out in paragraph 5.9.6 above.

## **6. Education and Training Section**

**Telephone: + 353 1 498 3133 Fax: + 353 1 4983155**

Dr. Anne Keane, Head of Education and Training  
Ms. Karen Willis, Senior Executive Officer

### **6.1 Functions of the Education and Training Section**

The Medical Practitioners Act, 1978, states that it shall be the duty of the Council from time to time to satisfy itself:

- (a) as to the suitability of the medical education and training provided by any body in the State recognised by the Council for such purpose,
- (b) as to the standards of theoretical and practical knowledge required for primary qualifications,
- (c) as to the clinical training and experience required for the granting of a certificate of experience, and
- (d) as to the adequacy and suitability of postgraduate education and training provided by bodies recognised by the Council for the purposes of medical specialist training.

The main areas of responsibility of the Education and Training Section are to support the Council's functions in:

- Ensuring the suitability and adequacy of undergraduate, intern, postgraduate and continuing medical education and training in Ireland
- Accrediting any proposed new programmes leading to an undergraduate medical qualification, whether offered in an existing or new medical school
- Accrediting recognised postgraduate training bodies
- Dealing with responsibilities relating to the use of medical ionising radiation
- To run the TRAS (Temporary Registration Assessment Scheme)

### **6.2 Classes of records held**

- Minutes of the Education and Training Committee
- Files relating to hospitals approved for the purposes of temporary registration and internship registration
- Files relating to medical school visits
- Files relating to recognised postgraduate training bodies

### **6.3 Information available outside FOI**

- Intern Handbook: Information and Logbook for Interns
- Review of Medical Schools in Ireland 2003
- Review of Medical Schools in Ireland 2001
- Application form for approval of posts for the purposes of Postgraduate Medical Education and Training Board (PMETB)
- Application form for approval of new intern posts
- Application form for approval of additional intern posts
- Application form for approval of overseas intern posts
- Application form for the approval of temporary registration posts

- Documentation for medical schools and members of the evaluation team
- Documentation for hospital visits and members of the evaluation team

Additional documentation will be available on the website as it approved by the Council.

#### **6.4 Medical Education and Training**

Education and Training are at the heart of the Council's role in developing medicine in the future. As one of the Council's statutory committees, the Education and Training Committee implements the Council's policy for medical education in Ireland and strives to ensure the quality of education and training within the medical profession through the following means:

- visiting the medical schools in relation to undergraduate medical education
- ongoing assessment of the intern year
- visiting the hospitals approved for the purposes of internship training and temporary registration
- liaising with the recognised postgraduate training bodies in respect of postgraduate and continuing education

The rigorous process of undergraduate medical education enables the newly graduated doctor to begin an extended period of basic training, followed by specialist training in the discipline of his or her choice. On completion of specialist training the newly independent doctor finds him or herself in an environment of rapidly changing scientific knowledge, high patient expectations and increasingly sophisticated healthcare delivery. The Medical Council's education and training role influences the quality of education and training at all stages of a doctor's career.

#### **6.5 Accreditation of hospital rotations for the purposes of the Postgraduate Medical Education and Training Board (PMETB)**

Doctors who complete their two-year hospital training posts in Ireland and subsequently move to the UK to complete the GP training year are required by the Postgraduate Medical Education and Training Board (PMETB) to submit evidence as to the approval of their training posts in order to be accepted to the GP training programme. The Medical Council is the competent authority to confirm the approval of these posts under the terms of Directive 93/16/EEC.

There is an application form available on the Medical Council website at [www.medicalcouncil.ie](http://www.medicalcouncil.ie) and the following information is required from doctors for the assessment of their hospital training posts:-

- Post title (SHO/Registrar etc)
- Specialty
- Hospital name and address
- Dates of appointment
- Name of supervising consultant (psychiatry posts only)

For posts held prior to 1st July 2002, the application form(s) should be sent to the Irish College of General Practitioners in relation to approval, pursuant to Title IV of the Directive. For posts held after the 1<sup>st</sup> July 2002, the application form(s) should be sent to the relevant recognised training body under Title III of the Directive (specialist training).

Once the posts have been approved by the relevant, recognised training body, they should be returned to the Medical Council along with a service fee. Upon receipt of the application forms, the Medical Council will issue a letter confirming approval of the posts under the terms of Directive 93/16/EEC.

## 6.6 TRAS (Temporary Registration Assessment Scheme)

All doctors applying for temporary registration must pass the Temporary Registration Assessment Scheme (TRAS) unless otherwise exempted (refer to section 5.7.4). The TRAS is designed to assess a doctor's ability to demonstrate professional knowledge and clinical judgement in the disciplines of medicine, surgery, obstetrics and gynaecology, paediatrics, psychiatry and general practice. The assessment is designed to ensure that a doctor has the capacity to form sound clinical judgements. The assessment is divided into two parts. Part I consists of multiple choice questions (MCQ) and Part II consists of an objective structured clinical examination (OSCE).

To be eligible to sit TRAS a doctor must have passed or have been exempted from the English language test (IELTS), see section 5.7.2. Only candidates who are successful in Part I (MCQ) of the TRAS may proceed to sit Part II (OSCE). Further information on TRAS and the current regulations are available on the Council's website [www.medicalcouncil.ie](http://www.medicalcouncil.ie).

### 6.6.1 TRAS dates

#### Part I (MCQ)

Part I (MCQ) lasts for 2 ½ hours. There are sixty questions in total. Each question consists of a stem, followed by five statements. A correct answer gains one mark. An incorrect answer loses one mark. An unanswered question does not gain or lose any mark.

Part I (MCQ) is available electronically at centres in Egypt, India, Pakistan and Ireland, by appointment.

All eligible candidates will receive a letter of authorisation and admission card from the Medical Council. **Candidates must not attempt to book their Part I examination until they receive these items as they will not be admitted to the test centre without them.**

#### Part II (OSCE)

In Part II (OSCE), candidates rotate through a series of task units or stations so that for any one station, all candidates are assessed on the same issues by the same examiners.

There are a minimum of seventeen stations in total, which includes a minimum of two rest stations. However, the number of rest stations may be increased at the discretion of the Medical Council. Each station will be six minutes in duration.

OSCE examinations are normally held in Ireland two to three times per annum, depending on demand.

### 6.6.2 Test Results

Test results are normally issued two to four weeks after Part I (MCQ) or Part II (OSCE) examinations. The results are normally placed on the Medical Council website and all relevant candidates are informed in writing.

### 6.6.3 Re-check and appeal procedure

#### Part I (MCQ)

As the MCQ is available electronically in test centres in Ireland, India, Pakistan and Egypt, it is not possible for candidates to ask for a recheck and/or appeal their results. Unsuccessful candidates may request (by e-mail or in writing) a breakdown of their MCQ results. Candidates will be issued with a letter giving the overall result, the number of MCQ questions correctly answered, the number of MCQ questions incorrectly answered and the number of MCQ questions not answered/passed on.

Candidates who **pass** Part I (MCQ) are not entitled to a breakdown of their marks.

## **Part II (OSCE)**

If a candidate believes that he or she was disadvantaged during the examination (e.g. through equipment failure, human error, or otherwise), the candidate must make a complaint to the Examination Coordinator or Medical Council representative during or immediately after the examination, and before leaving the premises. All such complaints should be recorded in writing on the "Complaint/Remedy form" and signed by the Examination Coordinator and the candidate. Complaints of this nature made at a later date are difficult to validate and therefore will not be entertained.

In such cases, and at the discretion of the Examination Coordinator and Medical Council representative, the candidate may be permitted to immediately re-attempt a maximum of two OSCE stations once the examination centre has been vacated.

Unsuccessful candidates may request (by e-mail or in writing) a breakdown of the results they obtained at each OSCE station and an overall score. This request must be received by the Medical Council within one calendar month of the date of issue of the results. The candidate will be issued with a letter giving the individual marks for each station and their overall score.

If a candidate remains dissatisfied, they may appeal their results. Written requests for an appeal of results must give the candidate's name, address, telephone number and/or e-mail address and their Medical Council reference number. The appeal must be received by the Medical Council within one calendar month of the date of issue of the results. An administration fee must accompany all requests for an appeal.

On receipt of a request for an appeal, the Examination Coordinator will personally recheck the examination scripts, in the presence of an officer of the Medical Council, within two weeks of the closing date for receipt of requests. The Examination Coordinator will inform the Medical Council, in writing, of the results of the re-check. The Medical Council will then provide a written response to the appellant, within two calendar months of the date of issue of the OSCE results.

All correspondence regarding an appeal, including the Examination Coordinator's response, will then be considered by the Medical Council's Education and Training Committee at its next scheduled meeting. The Committee's decision in the matter will be final.

### **6.6.4 Classes of TRAS records held**

- A file for each practitioner who has applied to sit TRAS
- Electronic data base on which TRAS applications are maintained
- TRAS examination results

### **6.6.5 Information available outside FOI**

- A Guide to the application procedure and rules for temporary registration
- Computer based exam tutorial
- TRAS re-check and Appeals Procedure
- List of recommended text books for TRAS
- TRAS dates

## **6.7 Medical Ionising Radiation**

Under Statutory Instrument No. 478 of 2002 – (European Communities (Medical Ionising Radiation Protection) Regulations 2002) the Medical Council has duties and responsibilities with regard to the use of ionising radiation for medical purposes administered by registered medical practitioners.

The Council is responsible for certifying doctors who have completed a "Radiation Protection Course for Permitted Personnel". The process for issuing certificates for these courses is currently under review by the MIR Committee and an up to date procedure will be posted on the website in due course.

#### **6.7.1 Classes of records held**

- Minutes of the Committee on Medical Ionising Radiation

#### **6.7.2 Information available outside FOI**

- Medical Council Policy Document on the Use of Medical Ionising Radiation
- Criteria for Clinical Audit
- Protocols for Standard Radiological Practice – Good Practice Guidelines as defined by S.I. 478 2002
- Diagnostic Reference Levels – Position Paper
- Dose Constraints for 'Helpers' (Comforters and Carers) – Position Paper
- Radiation Protection 99: Guidance on medical exposures in medical and biomedical research
- RP100: Radiation Guidance for protection of unborn children and infants irradiated due to parental medical exposures
- Fluoroscopy Devices (Art. 18.2 of S.I. 478 (2002))

<b>7. Office of Competence Assurance</b> <b>Telephone: +353 1 4983100 Fax: +353 1 4983103</b>
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Dr. Lynda Sisson, Director of Competence Assurance  
Ms. Jan Fitzpatrick, Senior Executive Officer

#### **7.1 Classes of records held**

- Minutes of the Working Group on Competence Assurance
- Minutes of the Advisory Committee on Competence Assurance
- General correspondence with statutory bodies, recognised training bodies, representative associations and other relevant bodies
- Correspondence with overseas competent authorities
- Correspondence with overseas quality assurance organisations
- Correspondence with registered medical practitioners
- Enrolment lists
- Database of practitioners enrolled in CAS

#### **7.2 Information available outside FOI**

Competence Assurance Structures – An Agenda for Implementation 2002  
Performance in Practice- Maintenance of Professional Standards 2006

#### **7.3 Competence Assurance Structures**

The Medical Council has introduced a voluntary system of Competence Assurance Structures (CAS) for all doctors whose names are entered in the Register of Medical Specialists who are in independent practice – i.e. those who have completed their training. The purpose of CAS is to ensure that all doctors continue to have the necessary knowledge and skills to function as effective practitioners throughout their working lives. In this way, CAS aims to enhance the standard of care provided by doctors individually and collectively and to protect the public from poorly performing doctors.

Details of the Medical Council's plans for CAS are outlined in the document: *Competence Assurance Structures – An Agenda for Implementation, 2002* and *Performance in Practice - Maintenance of Professional Standards 2006*. CAS has been introduced on a phased basis and half of the doctors whose names are entered in the Register of Medical Specialists were enrolled in January 2003.

For the individual doctor CAS will be an ongoing process throughout his or her professional life. There is a five-year cycle of accreditation under CAS and compliance is linked to the Medical Council's Register of Medical Specialists. Only those practitioners who fulfil the requirements of CAS will be eligible to remain on the Register of Medical Specialists. Under the current legislation, CAS can not impact on a practitioner's status on the Medical Council's General Register of Medical Practitioners. The current Competence Assurance Strategy is currently under review and is likely to change with upcoming legislation.

#### **7.4 Components of CAS**

For all practitioners, CAS will ultimately have three quality assurance components which fall under the heading 'Clinical Quality Assurance' or CQA and will apply to all participating doctors:

- Continuing Medical Education (CME)
- Clinical Audit
- Peer Review

Continuing Medical Education (CME) was introduced in 2003. Council are currently actively reviewing the requirements for clinical audit and peer review on a voluntary basis in anticipation of legal reform.

Council is also considering the introduction of a random screening programme that will be applied to all fully qualified doctors on a 5 yearly basis. Competence Assurance will also address the issues of doctors who come to the attention of Council because of potential poor performance. This may require a doctor to undergo a clinical performance assessment by a team of trained lay assessors and peer assessors. All of these processes will be introduced on a voluntary basis under existing legislation and cannot be enforced until new legislation has been introduced. International experience suggests that about 5% of doctors may need to undergo a Performance Assessment over a five year accreditation cycle.

## 7.5 Continuing Medical Education (CME) and CAS

All doctors on the Register of Medical Specialists up to December 2005 have been enrolled in CAS and their registration details are forwarded to their relevant training bodies. These doctors will complete their first cycle of CME accreditation in 2007, 2008 and 2009 respectively. Doctors will be expected to acquire a minimum of 250 credit points towards CME throughout the 5 year cycle. This equates to an average of 50 credit points per year. As a rule of thumb, one CME credit point will equate to one hour of educational activity.

CME credit points can be accumulated under four headings:

- Internal (to include case conferences; journal clubs; and other educational activities that are department based or practice based).
- External (to include attendance at regional, national or international scientific meetings; College, Faculty or Institute meetings; and relevant courses, workshops or seminars).
- Personal learning (to include independent study; distance learning; computer-assisted learning, etc).
- Research and postgraduate training and supervision.

Maximum and minimum limits will apply to these categories over a five year cycle as follows:

	<b>Maximum</b>	<b>Minimum</b>
Internal year	No maximum	10 units per year
External year	No maximum	20 units per year
Personal learning	10 units per year	No minimum
Research and postgraduate training	20 units per year	No minimum

## **8. Professional Standards**

**Telephone: + 353 1 4983112 Fax: + 353 1 4983103**

Mr. William Kennedy, Head of Professional Standards & Legal Advisor

Mr. John Sidebottom, Senior Executive Officer

### **8.1 Functions of the Professional Standards Section**

The Professional Standards Section carries out the work of the Fitness to Practise and Ethics Committees. The principal functions of the section are:

- To consider complaints made by the Council or any person into the conduct of a registered medical practitioner on the grounds of :
  - (a) his/her alleged professional misconduct and/or,
  - (b) his/her fitness to engage in the practice of medicine by reason of physical or mental disability
- To organise hearings before the Fitness to Practise Committee into the conduct and/or fitness of registered medical practitioners
- To provide ethical advice to the medical profession through the publication of *A Guide to Ethical Conduct and Behaviour*

### **8.2 Classes of records held**

- ◆ Files relating to complaints against registered medical practitioners.
- ◆ Files relating to disciplinary inquiries held by the Medical Council.
- ◆ Minutes of the Fitness to Practise Committee
- ◆ Minutes of the Ethics Committee
- ◆ General administrative files relating to the Professional Standards Section.
- ◆ Files relating to requests for Ethical Guidance.
- ◆ Files relating to litigation concerning the above items or other functions of the Council

### **8.3 Information available outside FOI**

As well as being set out below the procedures of the Ethics and Fitness to Practise Committees are available on the Council's website. In addition the following are available:

- Current edition of a Guide to Ethical Conduct and Behaviour
- Information leaflet on making a complaint against a doctor
- Fitness to Practise Committee statistics
- Inquiry statistics

### **8.4 Procedure for making a complaint**

Under Part V of the Medical Practitioners Act, 1978, the Fitness to Practise Committee can consider complaints of alleged professional misconduct or unfitness to engage in the practice of medicine by reason of a physical or mental disability.

A complaint about a registered medical practitioner should be made writing to the Council, identifying the practitioner concerned by giving his/her full name and address and setting out the details of the complaint.

Normally thereafter:-

- The letter of complaint will be sent to the practitioner concerned with a request that he/she provide his/her observations and comments;
- Once the practitioner's observations and comments are received, a copy may be sent to the complainant so that he/she can comment or reply, should they wish;
- Once that material has been received, all correspondence and documents concerning the complaint are put before the Fitness to Practise Committee at its next meeting;
- At that meeting, the Committee will either make a decision concerning the complaint or, if it decides that it requires further information, will defer consideration while that other material or information is obtained, e.g. a hospital chart, or the doctor's notes and records, or other information / documentation or material that could assist the Committee with their decision;
- Once the Committee has obtained all relevant information to enable it to make a decision, the Committee will decide whether or not the complaint is serious enough to be heard before an Inquiry, which is similar to a hearing before a Court or Tribunal.

If the Committee decides to hold an Inquiry concerning a complaint, the complainant will be asked to attend the inquiry to give evidence under oath in support of the complaint. The Council will pay reasonable costs incurred by the complainant in attending the Inquiry to give evidence.

#### **8.5 Time limits**

A complaint can be made at any time and there are no time limits for doing so, although considerable delays in making a complaint may make it more difficult to establish the facts.

#### **8.6 Inquiry**

The evidence is presented by the Registrar who instructs his legal advisers to prepare and present this to the Committee. The doctor and/or his legal advisors will normally be present. The complainant and other witnesses on behalf of the Registrar will give their evidence under oath and will be cross-examined by the medical practitioner's legal advisers. Members of the Inquiry Committee can also put questions to the witnesses. The medical practitioner can then call his/her witnesses.

Thereafter, it is a matter for the Inquiry Committee to decide whether the evidence amounts to professional misconduct. The Inquiry Committee then produces a report concerning their findings. That report in turn is considered by the Council at a separate subsequent meeting to decide, on the basis of the Inquiry Committee's report, what sanction if any, the Council ought to make against the medical practitioner. The medical practitioner can attend that meeting with his legal advisor to make submissions.

#### **8.7 Sanctions**

The Council can impose a range of sanctions on the medical practitioner, depending on the findings of the Inquiry Committee. These are:

- (i) erasure from the Register;
- (ii) suspension from the Register for a certain period;
- (iii) attach conditions to the retention of the practitioner's name on the Register; and
- (iv) censure, admonishment or advice.

The practitioner has a right of appeal from the sanctions at (i), (ii) and (iii) above, which must be exercised within twenty-one days of the date of the Council's decision to impose the sanction. Otherwise, the Council is obliged to apply to the High Court to confirm any decision to apply the sanctions at (i), (ii) or (iii) above.

If the doctor does appeal the Council's decision, that appeal will be heard by a Judge of the High Court, sitting in open Court. The appeal takes the form of a complete re-hearing of the inquiry and witnesses will be required to give evidence at the hearing, just as in the inquiry.

### **8.8 Publication and notification of decisions**

Section 45(5) of the Medical Practitioners Act, 1978 provides:-

"The findings of the Fitness to Practise Committee on any matter referred to it and the decision of the Council on any report made to it by the Fitness to Practise Committee shall not be made public with out the consent of the person who has been the subject of the inquiry before the Fitness to Practise Committee unless such person has been found, as a result of such inquiry, to be-

- (a) guilty of professional misconduct, or
- (b) unfit to engage in the practice of medicine because of physical or mental disability,

as the case may be."

Where, however, a registered medical practitioner has been found guilty of professional misconduct it is the Council's policy to make public that fact together with any sanction that may have been imposed on the practitioner's registration as a result of the finding of professional misconduct.

Under Section 54 of the Medical Practitioners Act, 1978, the Minister for Health & Children is informed for the purposes of decisions under Sections 46 and 47, as soon as the High Court Order confirming the Council's decision is obtained.

Under Articles 11 and 12 of Council Directive 93/16/EEC, all EU authorities are informed of findings of professional misconduct and decisions under Sections 46 and 47 when the High Court Order confirming the Council's decision has been obtained.

Where a practitioner has been found unfit to engage in the practice of medicine by reason of a physical or mental disability it is the Council's policy not to make public such findings or any sanction as a result of such a finding.

### **8.9 No case for an inquiry**

If the Committee decides not to hold an Inquiry into a complaint, it will be because it does not consider the complaint to be serious enough to review a registered medical practitioner's registration. Where the Committee decides not to hold an Inquiry, it must report the decision to the Medical Council which can either accept the decision and direct that no further action be taken or direct the Committee to hold an Inquiry into the doctor(s) concerned.

### **8.10 Restoration from erasure**

If, following an inquiry, a registered medical practitioner has been found guilty of professional misconduct and / or unfit to engage in the practice of medicine and the Council has decided to either erase, suspend or attach conditions to that practitioner's registration it is provided in sections 46 and 47 of the Act that such a practitioner can apply at any stage thereafter to have his / her name restored to the Register or the conditions so attached to be varied or removed.

### **8.11 Emergency suspensions**

Pursuant to section 51 of the Medical Practitioners Act, 1978 the Medical Council may, if it is in the public interest to do so, make an emergency application to the High Court supported by the relevant affidavit evidence for an order that the name of the registered medical practitioner concerned should not have effect in the Register. This normally means that an inquiry by the Fitness to Practise Committee will shortly follow the making of such an order and the registered medical practitioner's name in the meantime will not have effect in the Register.

### **8.12 Further information**

If you want to find out more about the procedures involved in making a complaint, you can talk to the staff in Professional Standards.

## **9. Health Committee**

**Telephone: +353 1 4983131 email: [health@mcirl.ie](mailto:health@mcirl.ie)**

Mr. David Hickey, Secretary, Health Committee

### **9.1 Role of the Committee**

The Medical Council established the Health Committee in December 1999 following general agreement that in cases where patients were not at risk, Fitness to Practise procedures were not appropriate for sick doctors. The Committee is a proactive source of support for doctors experiencing health difficulties. Doctors who are concerned about an aspect of their health are encouraged to contact the Committee at an early stage.

The role of the Committee is to:

- Determine whether a health problem exists.
- Consider the adequacy of proposed treatment and of planned professional safeguards.
- Ensure appropriate paths to recovery are being followed.
- Encourage adherence to therapy.
- Advise on and monitor capacity to work.
- Provide any necessary updates on the doctor's situation to the Medical Council.

### **9.2 Classes of records held**

- A file on each doctor referred to the Committee
- General correspondence files
- Minutes of the Health Committee

### **9.3 Information available outside FOI**

- Health Committee terms of reference
- Summary of 1<sup>st</sup> National Conference on the Health of Doctors (February 2005)

### **9.4 Membership**

The Committee is chaired by a member of the Medical Council. The other members are not members of the Medical Council. The composition of the Committee is:

- Four General Practitioners
- Four Consultant Psychiatrists
- One Consultant Cardiologist
- One Consultant Neurologist
- Three non-medical members

### **9.5 How to make contact**

Doctors may refer themselves to the Committee or they may be referred by their treating doctor, by a colleague, friend or family member.

### **9.6 Committee's procedure**

Doctors referred to the Committee will be asked to give their formal consent for the Committee to contact their treating doctor(s) and any other person or organisation which the Committee considers appropriate. Where the Committee agrees to assist a doctor, it will arrange for him/her to meet two of its members for a discussion.

Members of the Committee will not provide treatment, but will discuss the therapeutic options and may set out a plan for treatment and recovery. The doctor will be responsible for all costs and expenses which are incurred.

Co-operation with the Committee is voluntary except where it is a condition of registration imposed by the Council following an Inquiry by the Fitness to Practise Committee. Where a doctor does not agree with recommendations which are deemed by the Committee to be in his or her best interest and which if ignored, could cause patient harm, the Committee is required to inform the Medical Council.

#### **9.7 Confidentiality**

All information discussed between the doctor and the Committee is strictly confidential. The Committee will from time to time need to consult with the doctor's treating doctor(s) and with other relevant persons agreed at the beginning of or during the process. If a third party seeks information on a doctor before the Committee, the consent of the doctor to release the information will be sought. Where consent is obtained, confirmation of attendance will be given but no details concerning the doctor's illness will be given. If a doctor does not consent to confirmation of attendance and the Chairman of the Health Committee believes that this places the public interest at risk, the Chairman is required to report the matter to the Council.

#### **9.8 Terms of reference**

The Committee's terms of reference can be viewed on the Council's website.

## **10. Finance Section**

**Telephone: + 353 1 498 3118 Fax: +353 1 4983104**

Mr. Marcus Balfe, Head of Finance  
Ms. Breid Foster, Senior Executive Officer

### **10.1 Functions of the Finance Section**

The function of the finance section is to manage the finances of the Medical Council in a prudent and efficient manner and to ensure that the Medical Council meets all of its responsibilities in legislation and applies best practice to the governance of its affairs.

The main activities include

- Maintaining proper accounts and records.
- Processing payment of fees by medical practitioners.
- Processing supplier invoices and ensuring timely payment to suppliers.
- Publishing the Annual Report and Financial Statements.
- Managing the assets of the Medical Council.
- Implementing Government and Department of Health and Children policies in relation to Governance issues and other matters.
- Supporting the Finance & Governance Committee
- Liaising with both external and internal auditors.
- Liaising with insurance, legal and other strategic suppliers on relevant matters
- Advice and support to other sections.
- Setting budgets and budgetary control.
- Ensuring value for money is received on all the expenditure of the Medical Council
- Payment of staff salaries
- Disbursement of expenses of Council members and staff.
- Managing the Local Government Superannuation scheme as it pertains to the Medical Council.
- Housekeeping and building upkeep and maintenance.

### **10.2 Classes of records held**

- Minutes of the Finance and Governance Committee
- Annual Report and Financial Statements
- Record sheets of receipts for payment of fees.
- Supplier invoices and correspondence
- Supplier contracts and agreements
- Bank statements and records
- Employee salary records
- Revenue tax returns – Corporation tax, Vat , PAYE and PRSI
- Local Government Superannuation Scheme records
- Annual Budgets as approved by Council

### **10.3 Information available outside FOI**

Annual audited accounts

### **10.4 Contracts for services and supplies**

The Medical Council complies with the advice of the Department of Finance set out in the publication:

*An Outline of Government Contract Procedures and Public Procurements (1994)*

**10.5 Payment of accounts**

The Medical Council complies with the requirements of the *Prompt Payment of Accounts Act, 1997*