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## **A GUIDE TO THE HEALTH COMMITTEE**

**THE PURPOSE OF THIS DOCUMENT IS  
TO EXPLAIN THE PURPOSE AND FUNCTIONS OF THE MEDICAL COUNCIL'S HEALTH  
COMMITTEE**

***THIS GUIDE WAS LAST UPDATED IN 2013  
PLEASE ENSURE YOU READ THE MOST UP-TO-DATE GUIDE AVAILABLE ON OUR WEBSITE***

## **EXECUTIVE SUMMARY**

The Health Committee's primary role is to monitor and support medical practitioners maintain their registration during illness and/or disability. A relevant medical disability is defined at section 2 of the Medical Practitioners Act as a physical or mental disability of the practitioner (including addiction to alcohol or drugs) which may impair the practitioner's ability to practise medicine or a particular aspect thereof. Such medical practitioners may come to the attention of the Medical Council in a variety of ways, including: self referral; referral by a third party or referral from the Council.

Medical practitioners who are identified as having health issues may be invited to a meeting in the Medical Council's premises Kingram House to meet with individual members of the Committee (typically two members) to discuss the health issues in confidence. Possible outcomes of such meetings are set out in the Guide. Outcomes may range from a recommendation to the Health Committee that monitoring is not required, to ongoing monitoring for a period of not less than two years, or in circumstances where immediate concerns are identified, a recommendation directly to the Medical Council that the medical practitioner is not fit to practise medicine.

This Guide sets out the principles and policies upon which the Health Committee operates. Further queries can be directed to the Medical Council, addressed to the Chairman of the Committee for attention.

## TABLE OF CONTENTS

PARAGRAPH	DESCRIPTION	PAGE
	<b>EXECUTIVE SUMMARY</b>	<b>2</b>
<b>1.</b>	<b>INTRODUCTION</b>	<b>4</b>
<b>2.</b>	<b>STRUCTURE OF THE HEALTH COMMITTEE</b>	<b>4</b>
2.1	Terms of Reference	<b>4</b>
2.2	The Purpose of the Committee	<b>4</b>
2.3	Membership of the Committee	<b>4</b>
2.4	Skills and Experience of the Committee	<b>4</b>
<b>3.</b>	<b>REFERRAL PATHWAYS TO THE COMMITTEE</b>	<b>5</b>
3.1	Consents given under Section 67(1)(c)	<b>5</b>
3.2	Self-Referral	<b>5</b>
3.3	Referral by a Third Party	<b>5</b>
<b>4.</b>	<b>OPERATION OF THE HEALTH COMMITTEE</b>	<b>5</b>
4.1	Consent to Attend Health Committee and Request Medical Reports	<b>5</b>
4.2	Medical Reports Submitted as Part of Referrals	<b>5</b>
4.3	Meeting with Health Committee Members	<b>5</b>
4.4	Monitoring Role of Committee	<b>5</b>
4.5	Location of Meetings	<b>5</b>
4.6	Ongoing Monitoring in the Practitioner's Own Environment	<b>6</b>
4.7	Management Plans	<b>6</b>
<b>5.</b>	<b>REPORTING PATHWAYS OF THE COMMITTEE</b>	<b>6</b>
5.1	Recommendations arising from Meetings	<b>6</b>
5.2	Meetings with Third Parties	<b>6</b>
5.3	Monitoring at Work	<b>6</b>
5.4	Reporting to the Medical Practitioner Following Meetings	<b>6</b>
5.5	Reporting to the Standards in Practice Committee (SIPC)	<b>6</b>
5.6	Liaising with the Monitoring Committee	<b>6</b>
5.7	Reporting to the Medical Council	<b>7</b>
<b>6.</b>	<b>CONFIDENTIALITY</b>	<b>7</b>
6.1	Freedom of Information	<b>7</b>
6.2	Identity of Medical Practitioners Undergoing Monitoring	<b>7</b>
6.3	Record Confidentiality	<b>7</b>
<b>7.</b>	<b>HEALTH COMMITTEE OUTCOMES</b>	<b>7</b>
7.1	Length of Monitoring	<b>7</b>
7.2	Releasing a Medical Practitioner from the Committee	<b>7</b>
7.3	Removal of Conditions	<b>7</b>
7.4	Referral to the Council for Non-Compliance	<b>7</b>
7.5	Referral in Case of Imminent Risk to Self, Patients or Public	<b>7</b>

## **1. INTRODUCTION**

The Medical Practitioners Act 2007 has made provision for a Health Committee under Section 20(4) of the Medical Practitioners Act, 2007. The purpose of the Committee is to perform such functions as are specified by the Council in support of such functions as are specified by the Council in support of (a) medical practitioners with relevant medical disabilities, and (b) medical practitioners who have given consents under 67(1)(c). Section 67(1)(c) applies to medical practitioners who consent to undergo medical treatment at the request of the Fitness to Practise Committee.

## **2. STRUCTURE OF THE HEALTH COMMITTEE**

### **2.1 Terms of Reference**

The Health Committee's Terms of Reference are available on the Medical Council's website at [http://www.medicalcouncil.ie/health\\_sub\\_committee/default.asp](http://www.medicalcouncil.ie/health_sub_committee/default.asp)

### **2.2 The Purpose of the Committee**

In practice, the Committee's primary role is that of support of maintaining registration and appropriate monitoring of practitioners with identified health problems, but where there is not patient risk that could be the subject of a complaint to the Preliminary Proceedings Committee.<sup>1</sup>

### **2.3 Membership of the Committee**

The Committee has an appropriate number and mix of members to serve its mandate efficiently and effectively. The Committee is comprised of medical practitioners and lay persons from wider medical community who have volunteered to be part of the Committee and have accordingly been nominated and approved by the Medical Council's Nominations Sub-Committee. The members are nominated in the first instance by the Chairman, who is member of the Council. The current membership is available on the Medical Council's website at [www.medicalcouncil.ie/health\\_sub\\_committee/default.asp](http://www.medicalcouncil.ie/health_sub_committee/default.asp)

### **2.4 Skills and Experience of the Committee**

The Committee is comprised of medical practitioners and lay-persons who are involved in health care roles that typically deal with the most common types of medical disabilities identified above. This primarily includes General Practitioners and Psychiatrists. Occasionally the advice and assistance of practitioners external to the Committee, with specific medical skills, may be called upon.

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#### **<sup>1</sup> Preliminary Proceedings Committee**

The Preliminary Proceedings Committee considers complaints under Section 57 of the Act under the following grounds: Professional misconduct; Poor professional performance; A relevant medical disability; A failure to comply with a relevant condition; A failure to comply with an undertaking or take any action specified in a consent given in response to a request under section 67(1); A contravention of a provision of the Act (including a provision of any regulations or rules made under the Act); A conviction in the State for an offence triable on indictment or a conviction outside the State for an offence consisting of acts or omissions that, if done or made in the State, would constitute an offence triable on indictment.

### **3. REFERRAL PATHWAYS TO THE COMMITTEE**

#### **3.1 Consents given under Section 67(1)(c)**

The Committee shall consider medical practitioners who have provided an undertaking to the Fitness to Practise Committee, as per section 67(1)(c) of the Act.

#### **3.2 Self-Referral**

The Committee is available to respond to a medical practitioner who is referred to it, or who refers himself / herself.

#### **3.3 Referral by a Third Party**

The Committee is available to respond to third party requests for assistance or intervention. A typical third party may be a hospital or a colleague

#### **3.4 Referral by Council**

The Council, following an inquiry, could, by way of sanction, impose a condition on the medical practitioner's registration that he/she attend the Health Committee.

### **4. OPERATION OF THE HEALTH COMMITTEE**

#### **4.1 Consent to Attend Health Committee and Request Medical Reports**

When the medical practitioner comes to the attention of the Committee via one of the four referral pathways, the medical practitioner will be asked to give consent to enable the Committee to obtain and receive all relevant medical reports.

#### **4.2 Medical Reports Submitted as Part of Referrals**

Referrals must be accompanied by a medical report from an appropriate source (GP, treating practitioner, Occupational Health Physician etc.) setting out the reasons for the referral and the potential risks that the medical practitioner poses to themselves and / or the public. This is in order to determine whether the Committee is the appropriate Council structure to deal with the medical practitioner and to provide a background to any assessment that may take place.

#### **4.3 Meeting with Health Committee Members**

If the Committee's offer is accepted by the medical practitioner the Committee will review all available information. If the Committee decides to offer its services to the medical practitioner, at least two members, one of whom may be a non-medical member of the Committee, will meet the medical practitioner to discuss the health issues and the therapeutic options.

#### **4.4 Monitoring Role of Committee**

The Committee will monitor a medical practitioner's compliance with treatment provided in an appropriate healthcare environment (i.e. via reports from the medical practitioner's own treating practitioner(s)). The Committee does not provide treatment or take on the responsibility of a patient / medical practitioner role.

#### **4.5 Location of Meetings**

Meetings between the two members of the Committee and individual medical practitioners take place at the Medical Council's premises. In order to facilitate work commitments and travel, the meetings usually take place at 6pm. The meetings typically last about one hour. During the meeting the Committee members will discuss the medical reports with the medical practitioner and any issues relevant to the medical practitioner's health that the members consider appropriate under the circumstances.

#### 4.6 **Ongoing Monitoring in the Practitioner's Own Environment**

If necessary, the Committee may request the medical practitioner to confirm that they will attend when requested, a relevant registered specialist medical practitioner for assessment. The medical practitioner may choose the specialist but the Committee must be satisfied that the specialist is relevant to the medical practitioner's health problem that has been identified. The medical practitioner will be responsible for all costs and expenses which he/she incurs in this connection.

#### 4.7 **Management Plans**

Upon receipt of reports and remedial plan from the medical practitioner's own consulting physician, members of the Committee will meet with the medical practitioner to discuss the plan and ongoing compliance, which will normally include follow up sessions with those Committee members. A medical practitioner under the aegis of the Health Committee will continue to support the practitioner until such time as the Committee agrees to discharge the practitioner.

### 5. **REPORTING PATHWAYS OF THE COMMITTEE**

#### 5.1 **Recommendations arising from Meetings**

- The members will report back to the Committee. The Committee will consider their recommendations to the medical practitioner. Recommendations will be made on a case by case basis. Recommendations may include:
- Seeking an undertaking from the practitioner, if it is in the practitioner's and the public interest, that he/she will not engage in the practise of medicine. If such an undertaking is so provided by the medical practitioner, the Committee will report that matter to the Medical Council.
- seeking further medical reports on the medical practitioner's condition;
- releasing the medical practitioner from the Committee's services;
- on-going monitoring of the medical practitioner's health;
- engaging in a more supportive occupational environment;
- further training, engagement in continuing medical education or up-skilling;
- referral to Medical Council with a recommendation that the Council considers a referral to the Preliminary Proceedings Committee.

#### 5.2 **Meetings with Third Parties**

Where the attention of the Medical Council is drawn by a person or body to a health problem of a medical practitioner, members of the Committee, including the non-medical member, may meet with that person or body. If such a meeting occurs, information will be given about the Committee's procedures and general information about the medical practitioner's progress as is deemed appropriate.

#### 5.3 **Monitoring at Work**

The medical practitioner may be monitored during treatment and at work by the Committee via reports from third parties.

#### 5.4 **Reporting to the Medical Practitioner Following Meetings**

At all times the medical practitioner will have access to their file upon request to review the file. Where appropriate, progress reports will be issued to medical practitioners following Health Committee meetings and/or meetings with individual practitioners.

If a medical practitioner is identified as being of immediate risk to patients, the Committee or its Chairman will report directly to the Medical Council.

#### 5.5 **Liaising with the Monitoring Committee**

For medical practitioners who are undergoing monitoring of conditions attached to their registration the two Committees will seek to ensure that monitoring is co-ordinated.

#### **5.6 Reporting to the Medical Council**

The Medical Council shall be updated on progress in support and monitoring, but the identity of the individual practitioner shall not be disclosed.

### **6. CONFIDENTIALITY**

#### **6.1 Freedom of Information**

The Health Committee is exempt from the Freedom of Information Act under Section 28(1) – Personal Information.

#### **6.2 Identity of Medical Practitioners Undergoing Monitoring**

The identity of individual practitioners with the Committee shall not be disclosed outside the Committee for the purposes of reporting, unless the Committee recommends that the medical practitioner is not compliant, or otherwise has concerns that require escalation to the Council.

#### **6.3 Record Confidentiality**

All records of activities of the Health Committee relating to an individual medical practitioner will remain confidential and only available to the Health Committee. In the event, however, the Health Committee believes that the practitioner represents a risk to the public interest, the Committee will refer the matter to Council and will provide all material and documentary evidence in its possession to Council for consideration.

## **7 HEALTH COMMITTEE OUTCOMES**

#### **7.1 Length of Monitoring**

Medical Practitioners who comply fully with recommendations and receive satisfactory reports from their treating practitioners to the degree that the evidence shows they no longer require the support or monitoring of the Health Committee will be released. Under circumstances where ongoing monitoring takes place, monitoring will not be less than two years, contingent on fully satisfactory progress on the part of the medical practitioner.

#### **7.2 Releasing a Medical Practitioner from the Committee**

Where the Committee is satisfied that a medical practitioner who has been referred to it, is fit to be released from the Committee and no longer requires its support, the Committee will release the medical practitioner and notify the Medical Council of its recommendation.

#### **7.3 Removal of Conditions**

If the medical practitioner has a condition on their registration to attend the Committee, and this is deemed no longer necessary, the Committee will recommend to the Monitoring Group that the condition be lifted.

#### **7.4 Referral to the Council for Non-Compliance**

If the Committee becomes concerned at a medical practitioner's health, lack of contact, and / or non-compliance with its recommendations, the Committee may recommend to the Medical Council that the practitioner be considered for referral to the Preliminary Proceedings Committee as a complaint, in which case all information and material in the Committee's possession concerning the medical practitioner will be disclosed.

#### **7.5 Referral in Case of Imminent Risk to Self, Patients or Public**

In circumstances where the medical practitioner represents an immediate risk to him/her self and/or the public interest, the Committee will refer the matter to Council for consideration under Part 7 of the Act, which would include making a complaint and applying to the High Court under section 60 of the Act.

## USEFUL LINKS

Medical Practitioners Act 2007 - <http://www.medicalcouncil.ie/What-we-do/Legislation/Medical-Practitioners-Act-2007.pdf>

EU Directive 2005/36/EC - <http://www.medicalcouncil.ie/What-we-do/Legislation/EU-Directive.pdf>

Guide to Registration - <http://www.medicalcouncil.ie/Registration/First-Time-Applicants/A-Guide-to-the-Application-Procedure-and-Registration-Rules-for-Registration-in-the-Trainee-Specialist,-Specialist-or-General-Divisions-of-the-Register-of-Medical-Practitioners-.pdf>

Sick Doctor Scheme - [http://www.icgp.ie/go/in\\_the\\_practice/health\\_in\\_practice/sick\\_doctor\\_scheme](http://www.icgp.ie/go/in_the_practice/health_in_practice/sick_doctor_scheme)

Health in Practice Programme - [http://www.icgp.ie/go/in\\_the\\_practice/health\\_in\\_practice](http://www.icgp.ie/go/in_the_practice/health_in_practice)

Occupational Health Doctors (HSE)