

Joint Medical Council/Health Service Executive (HSE) Agreement Document governing the registration of doctors to the Supervised Division of the Register of Medical Practitioners maintained by the Medical Council.

September 2013

BACKGROUND AND STATUTORY CONTEXT

The [Medical Practitioners \(Amendment\) Act, 2011](#) was commenced on Friday 8th July 2011, establishing a new Supervised Division of the medical register. Rules were to put in place operational procedures in line with the legislation by Council on 18th July 2011. Following a review of the operation of the Supervised Division and the relevant rules, the Medical Council amended these rules in May 2013 to provide for more streamlined operation and more robust supervision arrangements ([S.I. No 208 of 2013](#)).

In line with legislation, the process for registration in the Supervised Division requires the following steps to be undertaken and completed:

1. The HSE proposes a doctor for a specific post, and *via* a S50A Declaration, it outlines the nature and level of experience required for the post, the duties the doctor will be assigned and the supervisory arrangements which will be in place.
2. Based on this declaration the Council is then in a position to determine approval of the post.
3. Through a Level 1 assessment process, the Medical Council assesses the applicant's disciplinary history, qualifications and employment history to commence determination of fitness to practice.

Once steps one and two have been completed, a Level 2 determination is made as to any further assessment of clinical knowledge and skill and the form for that assessment:

4. If criteria at points 3.2-3.6 of the Supervised Division Rules ([S.I. No 208 of 2013](#)) for exemption from examination, are satisfied, the candidate can proceed to registration in the Supervised Division.
5. If the exemption from examination is not demonstrated, then the candidate is eligible to attempt the Level 2 assessment ("[PRES Level 2](#)"). The Medical Council currently imposes a limit of three attempts at any Level of the examinations. Candidates attempting Level 2 have a two years period of eligibility from the date when they are declared eligible to sit PRES. If a candidate is unsuccessful in the Level 2, they may attempt the examination up to and including a maximum of three times, until they either pass the examination, they fail three times or their eligibility expires. If a candidate is unsuccessful in their Level 2, they must allow six weeks to lapse from their previous attempt before they are eligible to schedule/book their next Level 2.

Once practising in a Supervised Division post, supervision reports must be completed by the Clinical Supervision in line with the declaration made at point (w) of the S50A Declaration. The Medical Council may at any time seek assurance in respect of declarations made to support a Supervised Division application.

Specific details on the rules associated with the Supervised Division can be found at

<http://www.medicalcouncil.ie/Registration/Supervised-Registration/>

PURPOSE

The purpose of this Agreement Document is to provide an agreed framework to enable the Medical Council and the HSE to work collaboratively by clarifying respective roles and responsibilities and determining an agreed modus operandi related to the registration of doctors to the Supervised Division. The arrangement will cover the period 1st October 2013 to 30th September 2014. An interim evaluation will be conducted between the two parties in March 2014.

The [Health Act 2004](#) and the [Medical Practitioners Act 2007](#) (MPA 2007) provide that the HSE and the Medical Council cooperate and coordinate with other bodies in performance of duties when this is in the public interest. The Arrangement has no legal basis and does not provide a definitive legal interpretation of either the MPA 2007 or the Health Act 2004.

VALUES AND PRINCIPLES

The HSE has central responsibility for the provision of health and social services and the Medical Council has a responsibility for the registration and regulation of registered medical practitioners. Failures to provide high quality, safe and accessible service and the registration of doctors who are not competent to practice are both specific risks to the health and safety of the public. Control of these risks is a shared interest for the HSE and the Medical Council, albeit that they have very clear and distinct roles and responsibilities in this regard.

Through this Agreement we (the Medical Council and the HSE) agree to foster a collaborative relationship to enable both bodies to achieve our respective organisational objectives efficiently and effectively.

The following principles will guide us both in our mutual dealings:

- a. We will communicate with each other in an open and timely manner
- b. We will work in a cooperative, collaborative and constructive manner and, where agreed, will undertake joint work initiatives which will support high quality performance, continuing quality improvement and leadership.
- c. We will comply with the provision of legislation relevant to our respective roles and responsibilities.
- d. We recognise and respect that both the HSE and the Medical Council have discrete strategic and policy directions. We acknowledge that both the HSE and the Medical Council face separate strategic and operational demands and need to prioritise and plan to manage these. Each organisation respects the other's demands and commits to cooperation, communication and collaboration as a means to enabling each organisation to prioritise and plan in a manner which supports smooth interoperation with respect to Supervised Division applications.
- e. We will work in good faith to resolve any issues and/or concerns raised in a timely fashion

ROLES

Both parties understand and agree that the responsibility for service planning and delivery (including business continuity planning), workforce planning and the identification of posts rests with the HSE. The HSE is exclusively responsible for the recruitment, appointment, training and supervision of suitable candidates. It is responsible for the management of risks associated with its role with regard to service planning and delivery, workforce planning and recruitment. The responsibility for the registration of doctors rests with the Medical Council; it is also responsible for the management of risks associated with the registration process.

Both parties will identify to each other named individuals for coordination for their respective functions in relation to the Supervised Division who will communicate and collaborate with each other to ensure registration of Doctors to the Supervised Division. With respect to the HSE, this named individual will collate and transfer documentation to the single named individual at the Medical Council. With respect to the Medical Council, this named person will communicate as required in relation to registration and including associated assessment with the named individual at HSE.

OPERATIONS

Supervised Division applications will only be considered by the Medical Council as part of an agreed process between the Medical Council and the HSE. The Medical Council cannot consider any application made by an individual unless this is accompanied by a proposal from the HSE.

It is agreed and understood by both parties that an application for the Supervised Division can only be processed by the Medical Council when the HSE has:

- proposed a post;
- proposed a doctor to that post;
- provided a completed and signed S50A declaration (as stipulated by the Rules) appropriate to both the doctor and the post;
- the Medical Council has formally approved the post.

In addition, the applicant must provide complete and accurate documentation, and must pay the appropriate fees.

When all the documentation requirements have been met, the doctor will be eligible to sit the PRES (Level 2) OR where applicable, exempt from the PRES. The period for receipt by the Medical Council of a completed application accompanied by an appropriate Certificate of Current Professional Status / Certificate of Good Standing is limited to the published date of closure of the Level 1 process. The appropriate dates will be provided in good time to all parties in order facilitate timely applications and supply of documents. The Medical Council and the HSE will set out and agree a clear timetable identifying critical dates and milestones. No applicant will be allowed access to the PRES Level 2 unless the Level 1 assessment has been completed satisfactorily.

If an applicant fails to meet the Level 1 Assessment requirements by the published date of the closure of the Level 1 process, then their application will be closed by the Medical Council and returned to the applicant. If

the applicant is proposed by the HSE at some future point for the Supervised Division, then they will have to make a new application - under the registration number assigned at the first application.

Registration of doctors will be activated once the applicant has passed the Level 2 assessment and provides any other documentation as required by the Medical Council. Once eligible for the PRES Level 2, the candidate remains eligible until either three attempts or a maximum period of two years has expired, whichever applied first; for this reason, for some candidates, the Medical Council may require updated Level 1 documentation (e.g. updated CV, updated COGS) to make registration active.

Complete documentation is essential to ensure timely registration processing

Both parties recognise that provision of complete documentation to the Medical Council by the applicant and the HSE is essential to ensure timely registration processing. If a complete application is received with all the documentation and fee present and correct, then the application can be promptly processed. If any of the documentation is missing, the Council applies an operational policy of closing the application and returning incomplete applications to applicants. In this situation, it is the responsibility of applicants to return a fully completed application with all documentation. Timeframes and deadlines agreed in this document remain extant in this situation and are not extended to accommodate failure to provide complete documentation

EXAMINATIONS

Once an application has undergone a Level 1 assessment, the applicant will either be exempt from or required to sit the PRES level 2 assessment. The Level 2 assessments are held on a weekly basis. Once the letter of authorisation has been issued by the Medical Council, it will be the applicant’s responsibility to make arrangements to sit and pass the assessment in good time to start in the post to which they have been proposed by the HSE.

Usual Medical Council operational policies and procedures apply with respect to the Level 2 assessment and further information is available for candidates on the Medical Council [website](#). The list of current examination centres are below.

Country	Examination centre location
Ireland	Dublin
Egypt	Cairo
India	Ahmedabad Allahabad Bangalore Calcutta Chennai Gurgaon Hyderabad Mumbai Trivandrum
Pakistan	Islamabad Karachi Lahore

The Medical Council currently imposes a limit of three attempts at any Level of the examinations. Candidates attempting Level 2 have a two years period of eligibility from the date when they are declared eligible to sit PRES. If a candidate is unsuccessful in the Level 2, they may attempt the examination up to and including a

maximum of three times, until they either pass the examination, they fail three times or their eligibility expires. If a candidate is unsuccessful in their Level 2, they must allow six weeks to lapse from their previous attempt before they are eligible to schedule/book their next Level 2. For example, if a candidate sat and failed Level 2 that was held on 1st January, they will be ineligible to book the next Level 2 until a period of six weeks has elapsed from the date of Level 2 i.e. from 1st January to 12th February. On 12th February they would be eligible to schedule their next Level 2 (usually from 1pm Irish time onwards).

In the case of candidates proposed to Supervised Division posts who are required to pass PRES Level 2 to complete registration, the HSE will need to review the PRES status of these candidates in line with the agreed timetable. For candidates who have not attempted or passed the PRES Level 2 in time to commence in the post to which they have been proposed, the HSE will need to review the proposal and declaration; it may withdraw the proposal and the declaration for such candidates which will have the effect of closing the application with the Medical Council.

ENGLISH LANGUAGE AND COMMUNICATION SKILLS

Information regarding English language testing and communication skills is available on the Medical Council website: <http://www.medicalcouncil.ie/Registration/FAQ/English-Language/>. The Medical Council requests that candidates provide evidence of effective communication skills as part of the registration process.

Candidates may submit any of the following:

1. A current Academic IELTS Certificate (dated within the last two years) with an overall band score of 7.0 and a minimum score of 6.5 in each module; or
2. Evidence of passing another equivalent English language test*; or
3. Satisfactory proof that the candidate has been awarded a Higher Qualification listed in Rules Appendix A which was obtained through English; or
4. Satisfactory proof that the applicant's basic medical degree and internship training were completed through English in a country where English is the language spoken by the vast majority of the population, e.g. in Australia or New Zealand over 97% of the population speak English; and in the USA over 95% of the population speak English. This is comparable to Ireland, where over 98% of the population speak English.

*Note: When considering the equivalence of another English language test, the Academic IELTS is used as a benchmark.

For the purpose of this arrangement, the form of evidence of English language testing to be provided by candidates is as above.

Cohorts and individual applications

In terms of operation, the Medical Council and the HSE agree to collaborating to manage time-bound cohorts of supervised division applications in line with the timetable set out below. For candidates who are identified as part of this cohort, wherein the candidate and the HSE provide complete and accurate documentation on time, the Medical Council will seek to achieve the timelines set out. This is subject to candidates been successful at the PRES Level 2 within the timetable.

The Medical Council and the HSE will operate a cohort timetable provided sufficient numbers of proposals are made to warrant a “project” based approach to processing. This is agreed to be 15.

If the cohort proposed exceed 30, the HSE will provide additional fixed term human resources to the Medical Council to support the implementation of the timetable. The staff will be provided with a 4 week lead time to the commencement of the cohort per timetable below to enable staff training.

Outside the timetable, the HSE may make proposals to the HSE and candidates may submit the relevant documentation. This is not managed to a timetable and is placed in the usual workflow of applications to the Medical Council.

2013-14 TIMETABLE – JANUARY ROTATIONS

Timeframe & Deadlines	HSE	Applicant Doctor	Medical Council
Current	Identification of applicants and posts	Level 1 application process open for proposed candidates	Level 1 application processing ready to commence
	Provision of proposals to the Medical Council		Planning for and mobilisation of processes for supervised division registration based on proposals
By 4 th October 2013	Provision of signed s50A Declarations to the Medical Council	Cut off point for complete Level 1 documentation to be provided in time for assessment prior to January 2014	Registration process operational including level 1 and level 2 assessment for registration in Supervised Division in time for January 2013. Return and close applications which do not have complete and accurate documentation.
		Candidate proceed to Level 2 assessment (if applicable) once letter of authorisation is received	Begin to make registration active for candidates who are PRES Level 2 exempt and who have provided complete and accurate documents
By 29 th November 2013		Cut off for successful completion of L2 PRES (if applicable)	Reconciliation of PRES L2 (is if applicable) with cohort and begin to make application active (if eligible)
By 17 th January 2014	HSE notified as each candidate is registered	Candidates registered and available to take up post immediately	All successful candidates made active in the Supervised Division
After 17 th of January 2014	Review the out-turn from proposal and confirm to the HSE which proposals and S50A declarations remain valid.	Applicant in registered and in post OR application close	Close applications per HSE confirmation of out-turn of proposals.

2014 TIMETABLE – JULY ROTATIONS

Timeframe & Deadlines	HSE	Applicant Doctor	Medical Council
Pre 1st of April 2014	Identification of applicants and posts	Level 1 application process open for proposed candidates	Level 1 application processing ready to commence
	Provision of proposals to the Medical Council		Planning for and mobilisation of processes for supervised division registration based on proposals
By 1 st of April 2014	Provision of signed s50A Declarations to the Medical Council	Cut off point for complete Level 1 documentation to be provided in time for assessment prior to July 2014	Registration process operational including level 1 and level 2 assessment for registration in Supervised Division in time for July 2013. Return and close applications which do not have complete and accurate documentation.
		Candidate proceed to Level 2 assessment (if applicable) once letter of authorisation is received	Begin to make registration active for candidates who are PRES Level 2 exempt and who have provided complete and accurate documents
By 6 th June 2014		Cut off for successful completion of L2 PRES (if applicable)	Reconciliation of PRES L2 (is if applicable) with cohort and begin to make application active (if eligible)
By 14 ^h July 2014	HSE notified as each candidate is registered	Candidates registered and available to take up post immediately	All successful candidates made active in the Supervised Division
After 4 th of July 2014	Review the out-turn from proposal and confirm to the HSE which proposals and S50A declarations remain valid.	Applicant in registered and in post OR application close	Close applications per HSE confirmation of out-turn of proposals.

INFORMATION REQUIRED FROM HSE

Required:

Data regarding posts proposed needs to be:

- A once only exercise in a spreadsheet consistent and accurate (in terms of any information candidates receive from the HSE and the Medical Council) detailing:
 - First Name and Surname (separate columns – with names spelt as they appear on the applicants' Carton Degree),
 - Passport Number (for matching purposes where an applicant has not yet got a Medical Council number)
 - Passport Expiry Date (for matching purposes where an applicant has not yet got a Medical Council number)
 - date of birth as recorded on the applicants passport
 - email addresses that are accurate
 - Medical Council Registration Number (if one already held)

- Clinical Site
- Start and End dates for the post
- Specialty Group and Specialty (separate columns)
- Grade
- Available to agreed deadlines: no further additions/changes to proposals and s50 A Declarations can be entertained after the date specified The Council will regard the S50A Declaration as the definitive statement by the HSE as to where a doctor will be working; other documentation provided by the HSE will be regarded as for information purposes.

COMMUNICATION

It is recognised and agreed that accuracy and consistency of communication among and by both parties is essential.

Accurate and consistent communications will assist all staff in both organisations to foster a mutual understanding of process, while also ensuring realistic candidate / employer expectations, and ensure clarity in media coverage of the process. Each organisation will ensure that its own staff are aware of the timetable, the process and this agreement, in order to facilitate effective administration of the system that is in place.

Both organisations commit to collaborative working in the area of communication, and will ensure that the other party is aware of any communication to be issued to candidates (mass communication only) or media as it relates to the actions outlined in this agreement. A joint statement is to be issued by HSE and Medical Council detailing the agreement reached in this document. A joint approach will be taken to communication where relevant to ensure consistency of messaging, between individuals agreed by both parties.

To ensure immediate addressing of issues arising and to keep parties informed, a weekly conference call between agreed officers of the HSE and the Council will occur at an agreed time and day.

CONFIDENTIALITY

Strict confidentiality about candidate information and individual performance of candidates will be maintained by all parties involved in the registration and examination process.

FINANCIAL ARRANGEMENTS

Applicants will be required to pay all associated fees at the appropriate stages of the application process. Any reimbursement of fees by the HSE will be a matter between the applicant and the HSE.

If the HSE proposes a cohort in excess of 30, it will assign additional resources to the Medical Council to support registration processing.

VARIATION

Any variation in this agreement can only be made following discussion and agreement by both parties.

EFFECTIVE DATE

This Arrangement will come into effect upon the date of signature of both signatories.

REVIEW

A review of this arrangement will take place before the end of March 2014

CONTACT

The liaison officers responsible for the Agreement Document are:

- a. Dr Philip Crowley for the HEALTH SERVICE EXECUTIVE , being the person holding the position of National Director of Quality and Patient Safety; AND
- b. Dr Paul Kavanagh for the Medical Council, being the person holding the position of Director of Professional Development and Practice

SIGNATURES



Dr Paul Kavanagh
(Medical Council)



Dr Philip Crowley
(HSE)