

Draft amendments to Supervised Division Rules

Proposals to streamline and strengthen arrangements regarding registration in the Supervised Division

Proposals published by the Medical Council for comment from interested members of the public, organisations or other bodies between 28th March 2013 and 17th April 2013 as per Section 11(5) of the Medical Practitioners Act 2007



Comhairle na nDochtúirí Leighis
Medical Council





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Introduction

The Role of the Medical Council

The Medical Council is the statutory body responsible for regulating the medical profession in the Republic of Ireland. It sets and monitors standards in relation to the [education and training](#), [maintenance of competence](#) and [conduct](#) of doctors and has powers to take action if these standards are not met. In this way, it helps drive patient safety by supporting and ensuring good professional practice amongst doctors. Further information on the Medical Council is available at www.medicalcouncil.ie.

The Register of Medical Practitioners

An important function of the Medical Council is to establish and maintain a [Register of Medical Practitioners](#). This function is the cornerstone of the role of the Medical Council. It is illegal to practise medicine in Ireland unless the practitioner is [registered as a doctor](#) with the Medical Council. Once registered, the doctor is required to practise medicine in line with standards set by the Medical Council and registration can be removed if these standards are not upheld.

For this reason, applications for entry to the Register of Medical Practitioners are carefully assessed by the Medical Council in line with procedures and criteria which are set out in the [Medical Practitioners Act 2007](#) (including its amendments) and [Rules](#) which are made by the Medical Council for better operation of the relevant provisions of that Act. The assessment is designed to verify the identity of the applicant, authenticate professional credentials and to ensure that the applicant is in good standing with other regulatory bodies with which they may be registered. It takes into account the Division of the Register into which the applicant is seeking registration. For example, the criteria and procedures for registration as a specialist doctor are different to the criteria and procedures for registration as a trainee doctor.

At the core of this assessment is a requirement for the applicant to demonstrate that they have the necessary clinical knowledge and skill to

practise medicine which is safe, clinically sound and in the best interest of patients. For many applicants, for example those who have graduated from a Medical School in the Republic of Ireland that has been accredited by the Medical Council, this demonstration of clinical knowledge and skill is based on authentication of qualifications. For some applicants, however, the Medical Council requires that clinical knowledge and skill are demonstrated through a special examination which it operates in conjunction with bodies that deliver medical education and training in Ireland. This practice is common across [other medical regulators internationally](#). For example, entry to the practice of medicine in the United States of America requires candidates to pass the [United States Medical Licensing Examination](#); entry to the practice of medicine in Australia requires the candidate to pass the [Australia Medical Council Examinations](#); and entry to the practice of medicine in the United Kingdom requires the candidate to pass the [Professional and Linguistic Assessments Board Examinations](#) operated by the General Medical Council. In the case of the Republic of Ireland, the Medical Council has operated a very similar examination, known as the [Pre-Registration Examination System](#), as a requirement for applicants seeking entry to the practice of medicine.

Establishment of the Supervised Division

In 2011, in response to an anticipated shortage of doctors to work in hospitals operated by the Health Service Executive, the legislation underpinning the procedures and criteria for assessment of registration applications was amended by the [Medical Practitioners \(Amendment\) Act 2011](#).

This led to the establishment of a new Division to the Register of Medical Practitioners known as the [Supervised Division](#). Doctors registered in the Supervised Division entered the practice of medicine in specific posts within the Health Service Executive which were designed with special supervisory arrangements.

As required under S50A(1)(ii) of the amended Act and following a period of consultation and engagement with relevant stakeholders, the Medical Council made [Rules \(S.I. No. 733 of 2011\)](#) specifying how it would assess applications for entry to the Supervised Division using a two-step approach. So that the

Medical Council can be assured of the robustness of supervision which will be in place once the doctor is registered, the first step requires that a declaration be made by the prospective employer confirming that necessary supervisory arrangements are in place; the Medical Council has provided [guidelines](#) to the Health Service Executive in this regard. The second step requires the candidates to demonstrate, through examination, clinical knowledge and skill relevant to the specific posts with special supervisory arrangements which they would enter following registration. These examinations, known as the [Examination for the Supervised Division](#) (“ESD”), use an Objective Structured Clinical Examination (“OSCE”) method and are designed to reflect the specialty-specific content of the role which the applicant would take up with the Health Service Executive once registered.

Streamlining and strengthening Supervised Division arrangements

Since 2011, approximately 300 doctors have been registered by the Medical Council in the Supervised Division. The Medical Council and the Health Service Executive have accumulated significant experience with operating and coordinating functions in relation to this new Division of the Register of Medical Practitioners.

The Medical Council has reflected on this experience and identified opportunities to streamline and strengthen arrangements which it operates in relation to assessment of applications for entry to the Supervised Division. It is proposing to amend its [Rules](#) specifying how it assesses applications for entry to the Supervised Division. These amendments are intended to provide a more straightforward, accessible and efficient approach for applicants and for the Health Service Executive, while at the same time ensuring that the Medical Council maintains standards for entry to the Register of Medical Practitioners which continue to safeguard patients by supporting and ensuring good professional practice amongst doctors.

The purpose of this document and the consultation

This document presents draft amended rules, developed by the Medical Council for the better operation of Section 50A(1)(b) of the Act as amended, and taking into account Part 2 Section 7 and Part 2 Section 11 of that Act.

There are three elements to the proposals which are subject to consultation:

1. Exemptions will be provided from the examination for entry into the Supervised Division for applicants who can present documentary evidence to demonstrate clinical knowledge and skill relevant to the specific posts with special supervisory arrangements which they would enter following registration. These exemptions are similar in scope to those currently operated by the Medical Council for entry to other Divisions of the Register of Medical Practitioners and comprise higher qualifications arising from postgraduate training and documents which certify postgraduate experience. This proposal is presented at point 3 in the amended rules below (See also Appendix 2).
2. For applicants who cannot present documentary evidence to demonstrate clinical knowledge and skill relevant to the specific posts with special supervisory arrangements which they would enter following registration, the Medical Council will continue to require demonstration of this through examination. However, it is proposed that the Pre-Registration Examination System (“PRES”), a more broad-based and general examination of clinical knowledge and skill, be utilised for this purpose. This will replace the current ESD arrangements, which are narrower, specialty-specific examinations. These arrangements will provide for a more straightforward and efficient approach to operating examinations. This proposal is presented at point 1.3 in the amended rules below.
3. A criterion for registration in the Supervised Division is that the Medical Council must be satisfied that supervisory arrangements are robust. This is currently achieved through a declaration made by the prospective employer which provides assurance to the Medical Council that various arrangements are in place to ensure adequate supervision of the doctor while working in the Health Service Executive. To complement the changes proposed with respect to assessment of an application for registration in the Supervised Division, the Medical Council is proposing that these arrangements be strengthened to include a system of Supervision Reports which will use a form specified by the Medical Council. These reports are designed to provide feedback to the doctor being supervised so as to

support their ongoing professional development and their safe orientation to the practice of medicine in Ireland. They are also designed to detect and deal at a very early stage with any challenges which may be arising for the doctor so that targeted support can be provided by the employer. This proposal is presented at point 1.2 in the amended rules below (See also Appendix 1 and the proposed Supervision Report at www.medicalcouncil.ie).

The Medical Council is also using the opportunity of this consultation to request the views of interested individuals and groups on proposals in relation to how it might assess applications from doctors **in the future**, who have been registered in the Supervised Division **under the new proposed arrangements**, for transfer to another Division. In particular, it is interested to hear views on whether, following the making of the amendments to the rules which it is currently proposing, its assessment of such future transfer applications should take account of experience accrued while practising in the Supervised Division.

In the development of these rules, the Medical Council was guided by its primary object: to protect the public by promoting and better ensuring high standards of professional conduct and professional education, training and competence among registered medical practitioners.

These proposals are now presented by the Medical Council to interested members of the public, organisations or other bodies for comment, pursuant to provisions under Section 11 of the Medical Practitioners Act 2007. Further information, including forms for providing feedback, can be found on our website at www.medicalcouncil.ie. The Medical Council is pleased to provide all stakeholders with an opportunity to influence how it will operate its functions with respect to the Supervised Division.

Draft amendments to Supervised Division Rules (S.I. No. 733 of 2011 – Rules specifying examinations and criteria for registration in the Supervised Division pursuant to the Medical Practitioners Amendment Act 2011)

Rules made by the Medical Council on INSERT DATE under Section 11 of the Medical Practitioners Act 2007

Amended text is **highlighted and bolded**

These rules are made pursuant to the provisions of Section 11 and Section 50A of the Medical Practitioners Act 2007 as amended (“the Act”) for the purpose of establishing criteria and for specifying examinations to be undertaken by applicants applying for registration in the Supervised Division of the Register of Medical Practitioners.

1. Application Process and Assessments for Registration in the Supervised Division
 - 1.1. The registration application process will comprise two levels. All applicants for registration will be required to undergo:
 - 1.2. Level 1: verification of their documentation (which would include but not be limited to) identification, evidence of medical qualifications, a certificate of good standing or a certificate of current professional status and a letter of offer of employment in an individually numbered, identifiable post certified by the Health Service Executive. In addition, production of a declaration demonstrating compliance with the requirements of section 50A(5) of the Act as amended will be required. This declaration (which the Council requires to be signed by the CEO (or equivalent) of the hospital/clinical site **and the Clinical Supervisor** is attached as Appendix 1 to these rules. **Wherein any information on the declaration changes, an updated and signed declaration must be provided to the Medical Council without delay.**
 - 1.3. Level 2: comprising **an examination referred to as the Pre-Registration Examination System (“the PRES”).**
 - 1.4. In order to be admitted to Level 2 candidates must apply for Level 2 by a specified date and in a manner specified by the Medical Council and pay the appropriate fee.
2. Attempts
 - 2.1. Candidates will be allowed a maximum of three attempts to pass Level 2.
3. **Exemption from examination at Level 2**
 - 3.1. **An applicant may be considered for exemption from examination at Level 2 on the following grounds:**
 - 3.1.1. **The applicant has passed an examination specified in rules made under section 11 referred to as Pre-Registration Examination System (“the PRES”) OR**
 - 3.1.2. **The applicant has been awarded a qualification arising from the satisfactory completion of a programme of basic medical education and training approved under section 88(2)(a)(i)(I) of the Act and has been awarded a certificate of experience within the meaning of section 49(2) of the Act OR**



- 3.1.3. The applicant is a national of a Member State who has been awarded a qualification in medicine or a certificate of acquired rights by a competent body or authority designated for that purpose by a Member State, pursuant to Directive 2005/36/EC OR
 - 3.1.4. The applicant would have met the requirements of section 46(b)(iii) of the Act if they were a national of a Member State OR
 - 3.1.5. Subject to rules made under section 11 applicable to sections 46(b)(iv), sections 48(2)(c) and 48(3)(c) of the Act, the applicant has been granted a document which, in the opinion of the Council, is at least the equivalent of a certificate of experience OR
 - 3.1.6. The applicant has been awarded a postgraduate qualification which in the opinion of the Council is at least equivalent to one or more of the qualifications set out in Appendix 2 hereto AND
 - 3.1.6.1. has completed an internship of a minimum of one year supervised practice (to include at least three months in medicine and three months in surgery) OR
 - 3.1.6.2. has completed a minimum of three years in an accredited training programme.
4. Registration on Passing the Examination
 - 4.1. Once an applicant has passed Level 1 and Level 2, he/she will be registered in the Supervised Division in a supervised post.

THESE RULES COMMENCED ON THE ___ DAY OF ___ 2013 GIVEN under the Official Seal of the Council

PROFESSOR KIERAN MURPHY,
President of the Medical Council.

MS CAROLINE SPILLANE,
Chief Executive Officer of the Medical Council.

APPENDIX 1 — S 50A DECLARATION

This is a declaration pursuant to Section 50A of the Medical Practitioners (Amendment) Act 2011 and in particular sub-sections 4 and 5.

I hereby confirm and declare that:

(Please tick each box to indicate you have read it and are including it in your declaration)

(a)	Dr (<i>Insert Full Name of Doctor</i>) has been offered a post in (<i>Insert Hospital Name</i>) hospital in (<i>Insert Specialty</i>) as a (<i>SHO/Registrar — Insert appropriate grade</i>) grade.
(b)	I enclose a copy of his/her terms and conditions of employment with (<i>Insert Hospital Name</i>) hospital.
(c)	I understand that this declaration will be used by the Medical Council to approve the post and as part of Dr (<i>Insert Full Name of Doctor</i>) application process for registration in a supervised post in the Supervised Division of the register of medical practitioners.
(d)	The post in (<i>insert Hospital Name</i>) hospital is a (<i>SHO/Registrar — select appropriate grade</i>) post and is an individually numbered, identifiable post certified by the Health Services Executive.
(e)	The hospital needs to employ Dr (<i>Insert Full Name of Doctor</i>) because *:
(f)	The rationale for the designation of the post as (<i>SHO/Registrar — Insert appropriate grade</i>) grade is *:
(g)	The duties that Dr (<i>Insert Full Name of Doctor</i>) will have to perform in the post are*:
(h)	The supervision arrangements to supervise Dr (<i>Insert Full Name of Doctor</i>) are *:
(i)	The supervisor(s) for Dr (<i>Insert Full Name of Doctor</i>), who is/are consultant(s) on the Specialist Division, is/are *:
(j)	The arrangements that are in place to supervise Dr (<i>Insert Full Name of Doctor</i>) if and when he/she works out of hours are the following *:
(k)	Dr (<i>Insert Full Name of Doctor</i>) will not practise medicine other than in the post named at (d) above.
(l)	The duties to be performed by the above doctor in the post named in (f) are commensurate both with that doctor's experience and with the level of seniority of the post.
(m)	The supervision arrangements to meet (b), (e), (f), (g), (h), (i) and (j) above have been established and are in place.
(n)	The post is situated in a clinical setting aligned with effective workforce planning and subject to appropriate management systems.
(o)	This clinical setting provides for comprehensive orientation and induction programmes.
(p)	The post is situated in a clinical setting which is subject to effective clinical governance,

		leadership and management systems.
	(q)	Policies, procedures, protocols, and guidelines are in place to identify and address concerns about a doctor's fitness to practise.
	(r)	Systems are in place to facilitate the doctor to maintain their professional competence pursuant to the professional competence scheme applicable to them.
	(s)	I will inform the Medical Council in writing and without delay of any changes to the arrangements above, including termination of the employment by the Hospital or the doctor, attaching an updated copy of this form as relevant.

Signed on behalf of the Employer by:—

.....

Chief Executive Officer (Insert Hospital Name) (or equivalent)

* For these questions the employer needs to set out in sufficient detail for the Council to satisfy itself in relation to the following matters:

- (i) the nature and seniority of the post,
- (ii) the duties to be performed,
- (iii) the supervision proposed.

In respect of the above doctor and post, I hereby confirm and declare that:

	(t)	I will act as the Clinical Supervisor referenced at point (i).
	(u)	The arrangements at points (j)-(s) are established for the supervision of the medical practitioner to which they apply for the performance of his or her duties in the post and will be supervised by me.
	(v)	I will complete Supervision Reports in respect of the above doctor on a six-monthly basis in a form specified by the Medical Council and will provide a copy of these reports to the above doctor. Where the Supervision Report identifies a concern regarding the doctor's continuing practice under supervisory arrangements, I will also provide a copy of the report to the Chief Executive or Equivalent. I will make these reports available upon request to the Medical Council.
	(w)	I will inform the Medical Council in writing and without delay of any changes to the arrangements above, including termination of the employment by the Hospital or the doctor, attaching an updated copy of this form as relevant.

Signed by:—

.....

Clinical Supervisor (Insert Hospital Name)

APPENDIX 2 – LIST OF QUALIFICATIONS PROVIDING EXEMPTION FROM LEVEL 2

Specialty	Higher Qualifications
Anaesthesia	<ul style="list-style-type: none"> • Fellow of the College of Anaesthetists RCSI (FCA RCSI (formerly FFARCSI) • Primary Examination of the College of Anaesthetists of Ireland (OQE) • Fellow of the Royal College of Anaesthetists (UK) • Fellow of the Faculty of Anaesthetists of South Africa • Fellow of the Australian & New Zealand College of Anaesthetists • Fellow of the Canadian College of Anaesthetists • American Boards in Anesthesiology • American Boards in Critical Care Medicine • Fellow of the College of Intensive Care Medicine of Australia and New Zealand • Overseas Qualifying Examination in Anaesthesia of the College of Anaesthetists of Ireland • Primary Examination of the Royal College of Anaesthetists (UK) • Fellow of the College of Physicians & Surgeons of Pakistan (taken after 1998) • The UK Diploma in Intensive Care Medicine (DICM) • The European Diploma in Intensive Care Medicine Part 2
Occupational Medicine	<ul style="list-style-type: none"> • Member of the Faculty of Occupational Medicine of the Royal College of Physicians of Ireland (MFOM) • Fellow of the Faculty of Occupational Medicine of the Royal College of Physicians of Ireland (FFOM) • Licentiate of the Faculty of Occupational Medicine of the Royal College of Physicians of Ireland (LFOM) • Membership of the Faculty of Occupational Medicine, Royal College of Physicians (London) • American Board Certification in Occupational Health • American Board of Preventive Medicine • Certificate of the Canadian Board of Occupational Medicine • Fellow of the Australasian College of Occupational & Environmental Medicine
Pathology	<ul style="list-style-type: none"> • Fellow of the Faculty of Pathology Royal College of Physicians of Ireland (FFPath RCPI) • MRCPPath (UK) • Fellowship of the Royal College of Pathologists of Australasia (FRCPA) • American Board Certification in Pathology (ASCP)
Obstetrics & Gynaecology	<ul style="list-style-type: none"> • Member of the Institute of Obstetricians and Gynaecologists of the Royal College of Physicians of Ireland (MRCPI Ob&Gyn) • Membership of the Royal College of Obstetricians & Gynaecologists (MRCOG) (UK) • Membership of the Royal Australian and/or New Zealand College(s) of Obstetricians & Gynaecologists (MRACOG / MRNZCOG / MRANZCOG) • Fellowship of the Royal College of Surgeons of Canada (O&G) • Fellowship of the College of Obstetricians & Gynaecologists of South Africa (FCOG (SA)) • Current Certification by the American Board of Obstetrics & Gynaecology
Paediatrics	<ul style="list-style-type: none"> • Member of the Faculty of Paediatrics of the Royal College of Physicians of Ireland (MRCPI Medicine of Childhood) • Membership of the Royal College of Paediatrics and Child Health (MRCPCH) • American Board in Paediatrics
Medicine	<ul style="list-style-type: none"> • Member of the Royal College of Physicians of Ireland (MRCPI) • Fellow of the Royal College of Physicians of Ireland (FRCPI) • MRCP (London) • MRCP (Glasgow) • MRCP (Edinburgh) • MRACP (Australia) • FRCP(C) (Canada) • FCP(SA) (South Africa) • American Board in General (Internal) Medicine



Specialty	Higher Qualifications
Surgery	<ul style="list-style-type: none">• Fellow of the Royal College of Surgeons in Ireland (FRCSI)• Collegiate Member of the Royal College of Surgeons in Ireland (MRCSI(C))• Intercollegiate Member of the Royal College of Surgeons in Ireland (IMRCSI) (must be accompanied by an original/certified copy Certificate of Completion of Basic Surgical Training (CCBST)).• Associate Fellow of the Royal College of Surgeons in Ireland (AFRCSI)• Fellow of the Royal College of Surgeons of Edinburgh• Fellow of the Royal College of Surgeons & Physicians of Glasgow• Fellow of the Royal College of Surgeons of England (London)• Fellow of the Royal College of Medicine of South Africa• Fellow of the Royal Australasian College of Surgeons• Fellow of the Royal College of Surgeons of Canada (Surgery)• American Board Certification
Emergency Medicine	<ul style="list-style-type: none">• Membership/Fellowship of the College of Emergency Medicine (MCEM/FCEM) (UK) [Irish trainees are required to sit these BST/HSE exit exams.]• Fellowship of the Royal College of Surgeons of Edinburgh (in Accident and Emergency Medicine and Surgery) (FRCSEd (A&E))• Fellowship of the Australasian College of Emergency Medicine (FACEM)• Diplomate of the American Board of Emergency Medicine (ABEM)• Fellowship of the Royal College of Physicians and Surgeons of Canada (FRCPC)• Exit examination in Emergency Medicine of the Hong Kong College of Emergency Medicine
Radiology	<ul style="list-style-type: none">• Fellow of the Faculty of Radiologists Royal College of Surgeons in Ireland (FFR RCSI)• Fellow of the Royal College of Radiologists (FRCR) (UK)• American Board of Radiology• Fellowship of the Royal College of Physicians and Surgeons of Canada (FRCPC) — Division of Radiology or Radiation Oncology General Practice
General Practice	<ul style="list-style-type: none">• Membership of the Irish College of General Practitioners (MICGP)• Fellow of the Royal Australian College of General Practitioners (FRACGP)• Member of the Royal College of General Practitioners (MRCGP)
Psychiatry	<ul style="list-style-type: none">• Member of the Royal College of Psychiatry (UK) (MRCPsych)• The American Board of Psychiatry and Neurology• Fellowship of the Royal Australian and New Zealand College of Psychiatry
Non-specialty specific	<ul style="list-style-type: none">• Professional and Linguistic Assessments Board (PLAB)• United States Medical Licensing Examination (USMLE)• Australian Medical Council Examination• Licentiate of the Medical Council of Canada• Medical Council of New Zealand Registration Examination (NZREX)



EXPLANATORY NOTE

(This note is not part of the Instrument and does not purport to be a legal interpretation).

This Memorandum is not part of the Rules and does not purport to be a legal interpretation of the Rules.

Any Reference to the Medical Practitioners Act 2007 includes the amendment of that Act by the Health (Miscellaneous Provisions) Act 2007 and any subsequent amendments.

The definition of EU Directive 2005/36/EC of the European Parliament and of the Council which is provided for in section 2 of the Medical Practitioners Act 2007 includes the amendment of that Directive by Council Directive 2006/100/EC and any subsequent amendments.

In this document, the provisions of section (2) of the Medical Practitioners Act 2007 will apply except where the context otherwise requires.

In this document, the provisions of Article 3 and other relevant definitions contained within EU Directive 2005/36/EC will apply except where the context otherwise requires.

These rules were adopted by the Medical Council and will commence on _____.