

Feedback Form:

Draft amendments to Supervised Division Rules

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



Comhairle na nDochtúirí Leighis
Medical Council



Public Consultation on draft amendments to Supervised Division Rules

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

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 to drive patient safety by supporting and ensuring good professional practice amongst doctors.

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.

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](#). 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 candidate 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.

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.

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 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.

There are three proposals which are subject to consultation:

1. Exemptions will be provided from examination 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. 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, it is proposed that the Pre-Registration Examination System (“PRES”) be utilised for this purpose. This will replace the current arrangements, which are based on 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. 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 supervisory arrangements be strengthened specifically to include a system of Supervision Reports which will use a form specified by the Medical Council. 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.



The Medical Council is inviting you to submit views on these draft rules. Following this consultation process and consideration of submissions received, the draft rules will be reviewed and finalised. Please note that all submissions are subject to the provisions of the Freedom of Information Acts 1997-2003.

Submissions on the draft further rules must reach the Council by close of business on 17th April 2013.

How to make a submission:

Please use this feedback form to make your submission. You may return your comments in a number of ways:

Email: Email your completed form to Part11Consultation@mcirl.ie

Post: Print the form and send it to us at: **The Medical Council, Kingram House, Kingram Place, Dublin 2.**

Fax: Print the form and fax it to us at **01 498 3102.**

Public Consultation on draft amendments to Supervised Division Rules Feedback Form

Name of individual or group:	
Organisation and Job Title:	
Contact details:	
Email address:	
Date:	
For group responses, please indicate the number of people responding:	
If you wish to make comment on specific rules please enter your comment in the appropriate box below. Space has also been provided at the end of this document for general comment.	

Rules	Proposed amendment (amendment is highlighted in grey and bolded; unamended text is also shown for completeness).	No response	Support	Neutral	Do not support*	Comments * "Do not support" requires comment.
(Please tick the appropriate box)						
Rule 1	<p>1.1. The registration application process will comprise two levels. All applicants for registration will be required to undergo:</p> <p>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.</p>					

Rules	Proposed amendment (amendment is highlighted in grey and bolded; unamended text is also shown for completeness).	No response	Support	Neutral	Do not support*	Comments * "Do not support" requires comment.
(Please tick the appropriate box)						
Rule 1 continued	<p>1.3. Level 2: comprising an examination referred to as the Pre-Registration Examination System ("the PRES").</p> <p>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.</p>					

Rules	Proposed amendment (amendment is highlighted in grey and bolded; unamended text is also shown for completeness).	No response	Support	Neutral	Do not support*	Comments * "Do not support" requires comment.
Rule 2	<p>2. Attempts</p> <p>2.1. Candidates will be allowed a maximum of three attempts to pass Level 2.</p>					
Rule 3	<p>3. Exemption from examination at Level 2</p> <p>3.1. An applicant may be considered for exemption from examination at Level 2 on the following grounds:</p> <p>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</p>					
Rule 3 continued	<p>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</p>					

Rules	Proposed amendment (amendment is highlighted in grey and bolded; unamended text is also shown for completeness).	No response	Support	Neutral	Do not support*	Comments * "Do not support" requires comment.
Rule 3 continued	<p>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</p>					
Rule 3 continued	<p>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</p>					
Rule 3 continued	<p>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</p>					

Rules	Proposed amendment (amendment is highlighted in grey and bolded; unamended text is also shown for completeness).	No response	Support	Neutral	Do not support*	Comments * "Do not support" requires comment.
Rule 3 continued	<p>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</p> <p>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</p> <p>3.1.6.2. has completed a minimum of three years in an accredited training programme.</p>					
Rule 4	<p>4. Registration on Passing the Examination</p> <p>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.</p>					

PROPOSED AMENDMENTS TO S 50A DECLARATION

(Amendment is highlighted in grey and bolded; unamended text is also shown for completeness).

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>)'s 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)



Proposal	No response	Support	Neutral	Do not support*	Comments * "Do not support" requires comment.
Amendment to S50A declaration at point (s) and new points (t)-(w)					
New Supervision Report (See www.medicalcouncil.ie for copy).					

PROPOSED AMENDMENT TO 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)
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 • The UK Diploma in Intensive Care Medicine (DICM) • The European Diploma in Intensive Care Medicine Part 2



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)



Proposal	No response	Support	Neutral	Do not support*	Comments * "Do not support" requires comment.
Amendments to list of Higher Qualifications					
Is there any Higher Qualification which you would like to propose for consideration by the Medical Council? If so, use the comments box to identify this Higher Qualification and then set out the supporting rationale.					

Proposal regarding transfer from the Supervised Division	No response	Support	Neutral	Do not support*	Comments * "Do not support" requires comment.
<p>If the proposal above is implemented, the Medical Council is proposing the following as a future arrangement for granting transfer to another Division of the Register of Medical Practitioners through exemption from examination (in addition to those that currently exist):</p> <ol style="list-style-type: none"> 1. The transfer applicant has completed a minimum total period of 18 months in the Supervised Division; <p style="text-align: center;">AND</p> 2. The transfer applicant has a portfolio which demonstrates: <ol style="list-style-type: none"> 2.1. Satisfactory maintenance of professional competence pursuant to an applicable professional competence scheme; AND 2.2. Satisfactory Supervision Reports in a form specified by the Medical Council <p style="text-align: center;">AND</p> 3. The transfer applicant has been awarded a postgraduate qualification in medical professionalism from a Body approved under Part 10 of the Medical Practitioners Act arising from their participation in activity under a Professional Development Programme funded by the Health Service Executive. 					

General Comments		
General 1	Do you understand the Rules?	
General 2	Are there any Rules in which a principle is not clearly explained?	
General 3	Are there any issues which you feel ought to but have not been addressed by these Rules?	
General 4	If you wish to make comments generally on the Rules, please use the space opposite.	

The Medical Council would like to thank you for taking the time to participate in the consultation process. Your opinions and comments are greatly appreciated.

The Medical Council

