Comhairle na nDochtúiri Leighis

Medical Council

Annual Report 1981

Members of the Medical Council

President	David M. Mitchell
Vice-President	Henry E. Counihan

Nominated by:

University College, Cork	Michael P. Brady
University College, Dublin	Patrick N. Meenan
University College, Galway	Edward M. O'Dwyer
University of Dublin	James S. McCormick
Royal College of Surgeons in Ireland	Harry O'Flanagan
Royal College of Surgeons in Ireland	Francis A. J. M. Duff
Royal College of Surgeons in Ireland	William S. Wren
Royal College of Physicians of Ireland	David M. Mitchell
Royal College of Physicians of Ireland	Alan D. H. Browne

Appointed by the Minister for Health (after consultation):

To Represent the Speciality of Psychiatry	John N. P. Moore
To Represent General Medical Practice	Manné Berber

Elected by Registered Medical Practitioners:

- Henry E. Counihan
- Colm Galvin
- Dermot Gleeson
- Conn Lucey
- Hugh O'Brien-Moran
- Michael D. Mulcahy
- James D. O'Flynn
- Brendan F. M. Powell
- Bartholomew Sheehan
- John Walker

Appointed by the Minister for Health:

- Mabel Hayes
- John McKnight
- Joan O'Connell
- Alphonsus Walsh

Registrar: Brian V. Lea

Address: 8 Lower Hatch Street, Dublin 2.

Telephone: 602622

REVIEW OF THE SECOND YEAR

By David Mitchell, MA, MD, FRCPI, President.

The Council's second year has been busy and productive. The new Register has been prepared for computer control and subsequent publication, suitable premises have at last been found, and the visitation of hospitals approved for Provisional Registration has been undertaken.

The four main Committees have met regularly and their Chairmen have summarised their business for the Report. The Council also set up a Working Party to draft Standing Orders for the regulation of business, and has revived the Editorial Group so that the Guide will be kept under continuing review.

Later in this Report the Registrar has dealt fully with the matter of the Register. I would only remark in passing that in contrast to the satisfactory response to the request for payment of the first annual Retention Fee, the collection of the second has proved more difficult and therefore more costly.

Thanks are due to the Registrar for his energy in looking for suitable premises for the Council, and for eventually negotiating the leasing of 8, Lower Hatch Street. This house, dating from the first years of the 19th century, is identical in style and layout to the larger houses of the Fitzwilliam area. It is in a good state of preservation and decoration. It is regrettable that the Council could not see its way to raise the annual retention fee to an amount that would have made purchase of the house possible. Over the years the rental will cost much more.

The independence of the profession in regulating its own affairs is a privilege that must be paid for, and in time doctors will realise that the cost of supporting the Council is value for money.

The fact finding visits to the hospitals where Provisionally Registered Practitioners (Interns) are working were interesting and rewarding for the teams from the Council and the Medical Schools who conducted them. It is to be hoped that the hospital personnel, senior and junior who received us so cordially will feel the same. This important activity is reported in the Education and Training section of this Report.

During the year much of the Council's time was taken up with applications for registration from two surgeons from Boston, Mass., who approached the Council in the form of a body called 'Health Care

International'. Their applications were supported by officials of the Industrial Development Authority, and the Tanaiste. As this matter has been the subject of considerable public comment in the media, at times ill informed or inaccurate, it may be well to comment here as briefly as is possible.

The proposal was to build in or near Dublin an 'International Hospital' which would offer a limited range of medical and surgical treatment to such patients, mainly foreign, who could afford to pay high charges.

The Council has been under pressure to state that it will approve the proposed hospital for the purposes of temporary registration and that it will grant registration to doctors, mainly American specialists and referred to as members of the 'International Faculty', who will make short visits to Ireland to treat patients at the hospital.

In other countries such private 'hospitals' promoted by United States enterprise and finance have been built in recent years and in no case that the Council is aware of has this been conditional on foreign specialists having free access. In the Cromwell Hospital in London, for example, all doctors with care of patients must be fully registered with the General Medical Council.

To insist that prior agreement of the Council to the registration of foreign doctors be a pre-condition to a commercial decision to build a hospital is clearly unreasonable. The Council must discharge its statutory responsibilities in regard to standards of training, discipline and registration regardless of how acceptable this may be to individuals or groups.

The Council first received applications for full registration from the two Boston surgeons. Having considered the applications and interviewed the two surgeons, the Council decided that it could not under its rules, grant registration at that time. This refusal was accepted and the applications were not renewed.

Subsequently, the promoters pressed the Council to agree in advance to approve the proposed hospital for the temporary registration of members of the 'International Faculty' — who might wish at a future date to provide professional services in it.

At its meeting of 10th September, 1981, the Council resolved that it could not at that stage give assurance that the hospital would be approved for the purposes of temporary registration

In October the Tanaiste, Michael O'Leary T.D., at his invitation met representatives of the Council. During the meeting it was explained to him that the Council had only one consideration, namely, the approval of the proposed hospital for the purposes of temporary registration. The merits of the proposal were not the Council's concern. In view of the inadequate information available to the Council, a list of questions was given to the Tanaiste which he undertook to have answered by the Principals. These dealt with the legal basis of the hospitals, its control and management, the appointment or employment of medical staff, the admission policy, and questions of ethics and professional conduct.

The replies were considered at a special meeting of the Council in November, to which the Council invited the Tanaiste, who had expressed a wish to attend. He addressed the Council emphasising the large number of jobs that the building and running of the hospital would provide.

At its December meeting the Council confirmed its previous decision not to approve the proposed hospital in advance, but made the following statement:—

"The Medical Council in its continued consideration of the proposal, has received replies to a number of questions which in its view required clarification and elaboration. On the understanding that the promoters will adhere to the proposals as furnished and documented and subject to continuing review of the hospital as it is being commissioned, the Council is prepared to indicate that favourable consideration under Section 29 of the Act may be given at the appropriate time. This is on the understanding that the development will be in accord with the information supplied to the Council from time to time".

Here one might distinguish between the decisions of the Council and the opinions of its individual members. The Council must take care to express its decisions formally in relation to its statutory powers. Its individual members represent a wide cross-section of many aspects of and interests in the health care system in Ireland and they provide a unique forum of informed opinion. There were arguments for and against such a hospital.

The establishment of an 'International Hospital' of this type might be desirable — a view which the Irish Medical Association conveyed to the Council. Irish medicine would be 'Internationalised', about forty

Irish consultants would be appointed, and a larger number of junior Irish doctors would have attractively paid employment which might otherwise be hard to find, while the number of para-medical staff of all kinds would be even greater. Private medicine would be encouraged and some brake put upon the ever increasing control of all medical endeavour by Government, both local and central.

The argument that in the present recession the amount of employment that would ensue was badly needed, was readily accepted.

In high cost, high profit hospitals of this type, almost all of United States promotion, the input of risk capital is large and investors naturally expect a high return on their capital. So medical and surgical procedures are limited to those ailments whose treatment, expert and complex as it is, will produce at discharge satisfactory results.

While assuming that the quality of patient care would be high, there was uneasiness about its continuity. Overseas specialists flying into Ireland to provide medical or surgical services and then returning to their own country after a short stay might give rise to problems.

Disciplinary problems may never arise but members of the Council are aware of the harmful effect that mal-practice litigation in the United States has had on standards of medical practice.

Apart from the Directives of the European Community, no country allows such privileges to non-nationals. There will be no reciprocal registration in the United States for Irish doctors.

The Council must be in a position to ensure that standards of practice and of professional conduct in such an International hospital are as high as in other hospitals in Ireland.

This Annual Report is produced for the information of the public.

THE GENERAL REGISTER OF MEDICAL PRACTITIONERS

By Brian V. Lea, BA, MIPM, Registrar.

The past year has been as busy and interesting as its predecessor. A definite pattern in the administrative systems for the years to come gradually emerged although some frustrations were encountered among which were — the difficulties and problems which arose in computerising the systems, practical problems of office space experienced in the failure to find suitable premises until late in the year. In reviewing the year and before commenting in detail, it is a pleasant duty to record appreciation to the staff for the willing, co-operative and efficient manner in which they undertook their duties, which for a greater part of the year were in trying and stressful conditions. It is hoped that the service rendered reflected the determination and purpose of the Council to provide an efficient service to all whom the Council serves.

The Register, on its establishment (1st July, 1980), was compiled manually and a decision to computerise was taken during 1980. Based on a specification which detailed the Council's requirements, and following discussions with a number of computer companies, a Kienzle 2200-2 computer was purchased. The assistance of Dr. Sean Corish of University College Dublin who helped in evaluating the proposals submitted, was greatly appreciated. Detailed system analysis work commenced early in the year in the knowledge that programmes would be phased in. The demand for payment of the retention fee and subsequent receipts in respect of payment for the twelve months commencing 1st July, 1981, was issued by the computer system.

However, the difficulties and inevitable problems associated with computerisation, coupled with the slow response for payment of the retention fee, made it impossible to fulfill the ambitious statement in the Annual Report — 1980 — to publish during 1981 the first edition of the Register and a statistical analysis of it. It is now anticipated that this will be achieved during the course of 1982 giving the position as at 1st July, 1981.

The slow response to the request for payment of the retention fee resulted in the Council having to decide, at its statutory meeting in December, to inform some seven hundred and fifty doctors that unless the retention fee was paid by February, 1982, it would have to invoke its statutory powers and erase their names from the Register.

In requesting payment of the retention fee, doctors were asked to furnish answers to a number of questions, e.g. whether they practise

on a full or part-time basis or are retired, the health board area in which they practise. Such information will be used to have a statistical analysis made of the Register, which should prove informative and be valuable to many interested bodies. The general reaction of doctors to supplying such information has been favourable.

Some doctors have been puzzled by the decision of the Council not to accept payment of the retention fee by standing order or through the bank giro system. It was for audit reasons that this decision was taken. The Council is anxious to accommodate doctors in regard to using such methods of payment but until discussions with the Council's bankers are completed regarding the introduction of a direct debit system, payment of the retention fee must continue to be requested by cheque/bank draft only.

The Council in preparing to establish the new Register took all the legitimate steps available to ensure that each doctor registered on the old Register was notified of the decision to establish the General Register of Medical Practitioners on 1st July, 1980. Despite such action a considerable number of doctors — three thousand plus — were not contacted. Apart from those who have died, there is surely a percentage of doctors — how high or low it is is impossible to determine — who, because of a change of address or change of name are unaware of the establishment of the new Register. The Council wishes to point out that it is doctors responsibility to ensure that their names are included in the Register if they are practising medicine in this country. Registration with the General Medical Council, London does not entitle doctors to practise here. Doctors must ensure that their registered addresses are kept up-to-date and in the case of female doctors, that their change of name on marriage is notified to the Council should they wish to practise in their married names. Practising using a name which is not registered is not legal, e.g. when either prescriptions or certificates have to be signed. Doctors surnames will not be changed unless proof of a marriage, a deed-pool or such other proof acceptable to the Council is furnished. In the case of forenames, the policy of the Council is to register these names as per the sealed graduation list issued by the respective degree awarding bodies. The Council believes that this policy should be maintained. However, the Council is prepared to make amendments in the Register where such amendments are in common usage or where there is an application for the deletion of a forename.

On the Medical Register of Ireland, there were some 2,900 doctors who obtained provisional registration in the period 1953 (the year of the introduction of the Intern Year) to 1979 who did not apply for full

registration. Each was written to concerning the establishment of the new Register and advised of their options on the matter of registration. The response was:—

Doctors who applied to retain their provisional registration	114
Doctors who applied to withdraw their names from registration	235
Doctors who applied for full registration	74
Doctors notified as being deceased	14
Doctors whose letters were returned marked "gone away"	620
Total response:—	1,057
No response:—	1,843

In common with fully registered doctors, those doctors who remain provisionally registered following completion of their internship, will be required to pay an annual retention fee..

A considerable volume of correspondence was received from doctors concerning their position on registration should they decide to practise abroad or just fail to pay the annual retention fee. It is well to repeat the advice given in the Annual Report for 1980. Doctors are not obliged to maintain their names on the Register if they are not practising medicine in the State, though it has been noted that many prefer to do so. The Council will erase the names of doctors in cases of non-payment of the annual retention fee. Those doctors who do not wish to maintain their names on the Register while, for example, being abroad, are required under the Medical Practitioners Act, 1978 to apply to have their names removed voluntarily from the Register and pay the fee determined by the Council. The question has been raised, in response to this, on why a fee is payable. Apart from the statutory provision for charging such a fee, such a system ensures that the Register is maintained accurately. Registration is an important matter for each doctor and for the profession as a whole in order to ensure that high standards are maintained. Where doctors fail to pay the annual retention fee or indeed the fee in respect of voluntary removal of ones name, their names must be erased from the Register and consequently they may not practise as registered medical practitioners.

Restoration of a doctor's name to the Register following voluntary removal, is a relatively simple matter, wherein the doctor applies to have his name restored. Following erasure, restoration of a doctor's name is a matter for the Council, which may attach conditions to such restoration.

THE GENERAL REGISTER OF MEDICAL PRACTITIONERS

Under Section 26 of the Medical Practitioners Act, 1978 all registered doctors have been issued with certificates stating that their names are registered in the Register. For the benefit of patients, these certificates should be displayed where doctors normally practise. Each year, doctors on payment of their annual retention fee, receive an endorsement of their registration together with a receipt for payment.

The Council decided during the year to introduce, on a trial basis, a system of writing to final year medical students and to provisionally registered doctors who were completing their internship training on how to obtain registration. The system was designed to ensure that each student sitting the final examination, and that each provisionally registered doctor, received a detailed information letter together with the appropriate form advising on the procedure for obtaining registration. The Council wishes to record its appreciation to the Deans and staff of the Medical Schools for their co-operation in introducing the system which has proved to be an effective and efficient system for all concerned.

Enquiries for temporary registration from doctors who are not nationals of the European Economic Community continued to occupy much of the Council's time. This form of registration is open to a doctor who is not entitled to either full or provisional registration and who intends to be in the country temporarily for the purpose of employment in the practice of medicine in a hospital approved by the Council. The Council determines what primary medical qualifications will be accepted for the purposes of temporary registration.

In order to determine eligibility for temporary registration, the Council requires doctors to furnish documentation covering their qualifying degree or diploma including evidence of having passed an examination, details of internship training, letters of reference, good standing certificates, and a curriculum vitae. The doctor is subsequently informed on his eligibility.

Given the volume of enquiries for temporary registration, it has taken four weeks approximately to give decisions. Strenuous efforts are being made to reduce this delay.

During the year, hospitals which are approved for the purposes of temporary registration were informed of the requirements for granting temporary registration. In particular, hospitals were advised that the management, not the consultant under whom the doctor will work, should submit a letter of appointment to the Council in respect of the doctor in advance of him taking up an appointment and outlining, the

post and speciality in which the doctor will be employed and the dates of commencement and cessation. Without receipt of such letters, in future, doctors will not be granted temporary registration.

It came to the Council's attention during the year that quite a number of doctors were allowed to commence or continue to work without holding a current certificate of temporary registration for the particular hospital. The Council is concerned about this practice and while appreciating the practical difficulties that arise in hospital service, nevertheless, the Council cannot condone the situation. Hospital authorities are urged to desist continuation of this practice. In future if doctors allow their registration to expire and continue to work the Council may not renew their registration upon application.

Temporary registration which is granted in periods of a year or less, cannot exceed a total aggregate of five years. The Medical Practitioners Act, 1978 limits the registration to this period and the Council does not have the statutory power to accede to requests, however deserving, to grant new periods of temporary registration beyond the five years. Once registration is granted for a year or less, the doctor will not be given credit for a portion of the period not worked, unless the Council has been notified in advance of his ceasing to work. Temporary registration is granted for a minimum of a week, which is defined as Monday to Sunday inclusive, and a portion of a week worked is counted as a full week.

The attention of the Council has been drawn to allegations that obtaining temporary registration in this country by non-E.E.C. national doctors is somewhat easier than in the United Kingdom. In the United Kingdom, such doctors are required to undertake the PLAB test — which is a test of proficiency in the English language and of professional knowledge and competence. Failure at the test debars the doctor from obtaining registration. The Medical Practitioners Act, 1978 does not make specific provision for a linguistic or professional knowledge and competence test. However, the Council is seriously concerned about the allegation and as a first step, has requested hospital authorities to satisfy themselves as to the linguistic ability of such doctors. It is the experience of the administrative staff that some doctors who seek registration at the Council's offices, do not have an adequate command of the English language.

The Council has established two groups on temporary registration, one which will consider the suitability of non European Economic Community qualifications awarded to doctors and their relevance for this country; the second group will prepare a working paper on the whole subject of temporary registration as currently administered.

It is anticipated that the year to come will see substantial progress made by both groups to enable the Council to consider the formulation of a policy for the operation of the temporary registration section in the Act. The sort of topics which may be covered by such a policy could be, the ratio of temporary registered doctors to fully registered doctors, the extent of responsibility and working under supervision, the specialty and the manpower position, the suitability of limiting both in number and in time the registration of doctors. These matters could have a considerable effect on the hospital services and careful consideration would have to be given to these and other matters including discussions with the relevant responsible authorities.

THE COUNCIL AND EDUCATION

By Harry O'Flanagan, MD, FRCPI, FFCM, DPH
Chairman of the Education and Training Committee.

The Educational and Training Committee met on three occasions during 1981.

The Pre-Registration Year

Consideration of the work of the interns during the year of provisional registration was the principal preoccupation during 1981. Already in existence from the previous year was a Sub-Committee on the pre-registration year, comprising the Deans of the Medical Schools with the Chairman. This Sub-Committee drew up a programme for visiting all the approved hospitals during 1981. Teams comprising two members of the Council together with two members of Medical Faculties were nominated to carry out these visits. All the hospitals were notified and the purpose of the visits explained. The programme was a little delayed because of the move of the Council staff into its new offices at Hatch Street and by inclement weather in the Autumn. Nevertheless, with the exception of the hospitals in the North East and at Naas, all the other hospitals were visited. This was the first occasion that the hospitals had been visited since the regulations governing internship were introduced by the Medical Registration Council.

One must pay tribute to those who undertook the onerous tasks of these visits throughout the whole country, and to the authorities and staffs of the hospitals. Everywhere there was goodwill and co-operation. Arising from this work, consultation was established with the Association of Chief Executive Officers. The expenses of the visits are to be recouped from the hospitals concerned.

The philosophy behind the Council's decision to undertake the programme of visits was the statutory responsibility of the Council to satisfy itself as to the clinical training and experience required for the granting of a certificate of experience in respect of the intern year. In exercising its duty the Council arranged to visit all the hospitals which have approved intern posts, in order that there could be an up-to-date evaluation of the work and experience of interns throughout the country. It was thought necessary to involve the Deans in this work since they sign the certificates of experience. The hospital visiting groups had at their disposal a detailed questionnaire completed by each hospital on the hospital faciltiies.

From the visits, the Sub-Committee was agreed that, by and large, three comments were applicable:—

(a) The number of approved intern posts in the hospitals visited was acceptable, and the training arrangements were, in general, satisfactory;

(b) The status and workload of some hospitals had changed significantly. The impact of the Regional Hospital in Cork on the city hospitals and the development of St. James' Hospital relative to the Federated Dublin Voluntary Hospitals were cases in point,

(c) The urgent need for career guidance, expressed by almost all the interns in the course of the visits.

Each hospital will be informed privately of the recommendations of the visitors.

Undergraduate Medical Education

In order to comply with the terms of Section 35 of the Medical Practitioners Act, 1978, the Committee recommended to the Council that it recognise the bodies set out in Section 9 (1) of the Act, which were the medical schools. A Sub-Committee was entrusted with the task of considering how the Council should proceed to discharge its responsibilities concerning undergraduate medical education, when the Sub-Committee on the pre-registration year had completed its task. This will be work for 1982.

Postgraduate Education

In moving forward on postgraduate education the Committee noted the decision of Council to recognise under Section 38 (3), seven bodies concerned with specialty training, namely:—

1. The Faculty of Anaesthetists of the Royal College of Surgeons in Ireland;
2. The Institute of Obstetricians and Gynaecologists of the Royal College of Physicians of Ireland;
3. The Faculty of Radiologists of the Royal College of Surgeons in Ireland;
4. The Irish Committee on Higher Medical Training;
5. The Irish Surgical Postgraduate Training Committee;
6. The Irish Psychiatric Training Comittee;
7. The Standing Committee in the Republic of Ireland of the Royal College of Pathologists.

The Council has previously listed the specialties for which the consent of the Minister for Health was obtained.

These specialties are:—

Anaesthetics
Cardiology
Clinical Pharmacology and Therapeutics
Communicable Diseases
Community Medicine
Dermatology
Endocrinology and Diabetes Mellitus
Gastroenterology
General (Internal) Medicine
Geriatrics
Nephrology
Neurology
Occupational Medicine
Paediatrics
Radiotherapy
Respiratory Medicine
Rheumatology
Tropical Medicine
Venereology
Obstetrics and Gynaecology
Chemical Pathology
Clinical Immunology
Microbiology
Morbid Anatomy and Histopathology
Haematology
Psychiatry
Diagnostic Radiology
General Surgery
Neurological Surgery
Ophthalmology
Orthopaedic Surgery
Otolaryngology
Paediatric Surgery
Plastic Surgery
Thoracic Surgery
Urology

It was decided to continue discussions with the Post-Graduate Medical and Dental Board on such matters as the areas of responsibilities of each, under the Act, the implications of the establishment of a Register of Specialists, career guidance and other matters of mutual interest.

THE COUNCIL AND FITNESS TO PRACTISE

By P. N. Meenan, MD FRCPath, FRCPI, FFCM (Irel),
Chairman of the Fitness to Practise Committee

During 1981 the Fitness to Practise Committee held five meetings, and considered a total of fifty nine complaints.

Towards the end of the year, in view of the long delay involved in processing some complaints, it was agreed to meet more frequently. In addition, clearly trivial matters were dealt with by the Chairman and Registrar in the first instance, but not finalised until they had been reported to the next meeting of the Committee. These measures have resulted in a gratifying improvement in the speed of dealing with the great majority of the complaints received.

The Committee saw fit in one third of the cases to seek observations from those practitioners about whom complaints were received, and in each case so far the explanations provided have been accepted by the Committee — in some cases with suggestions to the doctor concerned aimed at preventing a recurrence of the behaviour complained of. Occasionally, practitioners were upset at being asked for their observations on what seemed to them trivial or irrelevant matters, but it is often in doctors' own interests that they should be aware that a complaint has been made to the Council.

It is clear that complainants do not always understand the full implications of the term "professional misconduct". This has been defined as conduct in the course of professional activity which doctors of experience, competence and good repute consider disgraceful or dishonourable. Traditionally, accusations of alleged professional misconduct are examined by the peers of the practitioner concerned within a legal framework and, latterly, with due regard to the doctor's constitutional rights. The Fitness to Practise Committee operates in this manner under the Medical Practitioners Act, 1978; it includes two non-medical members of the Council.

Much depends on the circumstances of a particular case. Complaints, for example, of rudeness or the failure of treatment in a particular case do not of themselves necessarily constitute "professional misconduct" and, however much sympathy there may be with an individual complainant, the Committee cannot institute full-scale inquiries in such cases. The decisions in these are, for obvious reasons, conveyed by the Registrar in a formal manner. Complainants may wish to have recourse to civil proceedings open to them which could, perhaps, be prejudiced by expressions of opinion by the Committee.

Three matters are currently under scrutiny by the Committee. First and most obvious, is the whole area of advertising. Guidelines in this area have been laid down by the Council and practitioners held to be in breach of them may expect to receive at least an admonition. It is to be hoped that these minimum measures will lead to an improvement in a very difficult field. The Committee is presently re-examining the Guidelines in the light of the experience gained so far.

Second is the matter of alleged over-prescribing of certain drugs. From time to time individual members of the Committee receive complaints but without any supporting evidence. It must be pointed out that the Committee cannot act on hearsay. Consultations with those other agencies which have statutory functions in this area are in progress.

The Committee is also concerned about potential difficulties in the use of deputies, particularly where there is a contractual obligation towards certain groups of patients. It is the view of the Committee that in general, the use of deputies does not absolve the practitioners from their obligations in such cases.

One case of alleged unfitness to practise by reason of physical or mental disability is currently under consideration.

It was not thought necessary to institute any Inquiry under the Act during 1981.

THE COUNCIL AND FITNESS TO PRACTISE

ANALYSIS OF COMPLAINTS

Type of Complaint	No Action required by the Council	Doctors observations/ comments obtained resulting in no action being taken by the Council
1. Failure to attend Patient	2	2
2. Treatment	6	4
3. Certification	5	4
4. Advertising	12	1
5. Confidentiality/information	4	1
6. Responsibility to Colleagues	4	2
7. Professional Standards	3	2
8. Deputising Arrangements	1	1
9. Fees	2	2
10. Convictions under Road Traffic Acts	12	
11. Civil Matter	3	
12. Miscellaneous	5	
Total	59	19

There were seven complaints under consideration at 31st December, 1981.

ADVISORY COMMITTEE ON MEDICAL TRAINING IN THE EUROPEAN ECONOMIC COMMUNITY

By A. Walsh, FRCPI, FFCM RCPI

An Advisory Committee on Medical Training was set up within the Commission of the European Communities by a Council Decision of 16th June 1975. The function of this Committee is to help to ensure a comparably demanding standard of medical training in the Community at both undergraduate and postgraduate level. Each Member State nominates three members and three alternates to attend the twice yearly meetings in Brussels. The present chairman of the Committee is Dr. P. A. Farrelly from Ireland.

The Committee has submitted a number of recommendations to the Commission, which has forwarded them to the Member States. Most of the documents have been published in the Irish Medical Journal.

The following reports, opinions and recommendations have been adopted by the Advisory Committee:

1. Report on the general tendencies in basic medical training.
2. Opinion on the part-time training of specialists.
3. Recommendation on the clinical training of doctors.
4. Report and opinion on specific training for general practice.
5. Report and recommendations on the general problems of specialist training.
6. Report and recommendations concerning the problems of the balance between the number of medical students and the resources needed for their training.
7. Training periods abroad as part of specialist training courses.

FINANCE SCHEDULE

INCOME

RECEIPTS FROM REGISTRATIONS:	
Annual Retention Fees:	96,441
Fees received for Provisional and Full Registration	1,358
Fees received for Provisional Registration:	14,082
Fees received for Full Registration:	24,527
Fees received for Temporary Registration:—	
— Initial	7,810
— New Periods	16,720
Restoration to and removal from the Register:	1,053
OTHER RECEIPTS	
Certificates:	1,298
Interest, Dividends and Foreign Exchange:	8,811
Service and Sundry Receipts:	8,223
Rent from Sublease:	750
EXCESS OF EXPENDITURE OVER INCOME:	1,240
	182,313

EXPENDITURE:

Meetings of Council — Expenses	7,139
Salaries and Pension Payments including Temporary Staff:	100,820
Rent and Rates:	9,972
Fuel, Light and Heat:	3,102
Printing, Stationery:	21,435
Postage and Telephone:	9,854
Leasing Charges:	13,315
Legal Fees:	1,317
Audit, Accountancy and Bank Charges:	1,175
Renovation to New Office Premises:	7,410
Depreciation on Fixtures and Fittings:	1,468
Other General Expenditure:	5,306
	182,313

FINANCE SCHEDULE

The Finance Schedule is included in the Annual Report in order to give registered doctors and the general public, for whom the Report is primarily intended, an appreciation of how the Council's income is spent. It is important to remind readers that the income of the Council is entirely generated through fees for registering doctors and providing such other services as are required by doctors. The Council receives no financial assistance from Government sources, although the consent of the Minister for Health must be obtained to decisions made by the Council for the generation of income. Careful monitoring of both income and expenditure is undertaken throughout the year to ensure that the Council's financial position is kept, where at all possible, within the budgetery limits set at the commencement of the year.

Income for the year was £181,073, with expenditure at £182,313, thereby showing that income was exceeded by £1,240 (0.7%).

Analysis of the expenditure showed that 55.3% was in respect of staff salaries — permanent and temporary. A small permanent staff establishment serves the Council and apart from the Registrar, consists of two executive officers, one staff officer, one secretary, three clerk,/typists and two computer operators. Temporary staff continue to be employed to assist in processing the work which continued throughout the year unabated since the establishment of the General Register of Medical Practitioners. Expenditure on printing and stationery was 11.8% with leasing charges for office equipment, such as the computer, photo-stat machine etc., 7.3%. Rent and rates accounted for 5.5%, while telephone and postal charges amounted to 5.4%. Renovation of the new premises was 4.1%. The proportion expended on members of the Council, who receive no remuneration other than necessary expenses in attending meetings, was 3.9%. Fuel, light and heat expenditure was 1.7%. Legal and accountancy fees jointly accounted for 1.4%. Finally, 2.9% of expenditure was on a number of general items of expenditure which individually were too small to itemise and 0.8% on depreciation of fixtures and fittings.

The income of the Council is, as stated earlier, based entirely on fees for registration plus other services. The bulk of the income — 53.3% — comes from the retention fees. Separately, full and provisional registrations, accounted for 13.5% and 7.8% respectively. When taken together 0.7%. Temporary registration brought in 4.3% for initial registrations and 9.2% for new periods of registration. Applications by doctors to remove or to restore their names to the Register accounted for 0.6%. Apart from registration fees the remaining income showed that 4.9% came from interest, dividends and foreign exchange, with 4.5% coming from service and sundry receipts. Various certificates covering registrations accounted for

0.7% and a sub-lease from a letting made in the basement of the new premises, 0.4%.

When regard is had to the fact that the Financial Schedule has shown that expenditure, however small, has exceeded income for each of the years since the establishment of the Council, it is clear that this is a matter which cannot be allowed to continue. Reference was made in last year's Report to the transitional period through which the Council is passing. The establishment of the Council has, and will continue to be costly, but with the degree of control and prudent management exercised, the Council has by and large stayed within its budget. To undertake the duties and responsibilities under the provisions of the Medical Practitioners Act, 1978, the Council has had virtually to create an organisation which is capable of handling the resultant administrative work. The staff establishment has been kept to a minimum to handle the volume of work, and the provision of adequate offices and office furniture and equipment was necessary. The Council decided to lease a premises in September on a 35 year full repairing and insuring lease, thereby incurring expenditure of an annual rent of £25,000.

To this, must be added the costs for rates, insurance, power and heat. While the opportunity to purchase the premises arose subsequently, the Council after long and careful consideration decided that the time was not opportune to make a favourable decision. On purely financial considerations, a proposal to purchase makes better sense than leasing, and while the reasons for not purchasing at this time were accepted by all, the Council does accept the wisdom of planning to purchase a premises at the appropriate time. If the profession is to continue to appreciate and accept the responsibility for continued policing of itself, then in the not too distant future, such a decision will have to be taken. This will entail either a sizeable increase in the annual retention fee for a number of years, or a once off payment. The Council has asked its financial committee to consider the matter and to report with a recommendation in the coming year.

Another feature of the Council's responsibility is discipline which entailed the appointment of a legal advisor. The Financial Schedule shows expenditure on the appointment during the year to be quite small. The Council is concerned that while no inquiries have been held to date, undoubtedly such a situation is unlikely to continue. The legal costs involved in holding an inquiry could be quite substantial and would adversely affect the financial situation of the Council.

The income of the Council, since its establishment, has been geared to meet necessary expenditure in connection with the establishment

of a new organisation and in particular the preparation and establishment of the General Register of Medical Practitioners. It is clear that over the next few years, that the financial position of the Council must be put on a firm basis and the need to create a general reserve fund referred to in last year's Report becomes all the more pressing.