



**Comhairle na  
nDochtúiri Leighis**

**Medical Council**

**Annual Report 1980**

# 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:

Mella Carroll\*  
Mabel Hayes -  
Joan O'Connell  
Alphonsus Walsh

Registrar: Brian V. Lea

Address: 6, Kildare Street, Dublin, 2.

Telephones: 762151/762071

\*Resigned on her appointment as a Judge of the High Court.

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## THE MEDICAL COUNCIL IN ITS FIRST YEAR.

by David Mitchell, MA, MD, FRCPI,  
President of the Medical Council.

The first year of the Medical Council cannot be measured on any time scale. It could date from the passing of the Act in 1978, or from the first meeting in April 1979, but it really began with the Registrar's taking up his appointment in September 1979. These comments will cover a generous year of more than twelve months.

It is intended that in future the Council will publish, for each calendar year, an Annual Report, thus fulfilling its statutory obligation "to inform the public on all matters of general interest relating to the functions of the Council."

The Medical Council was established by the Medical Practitioners Act, 1978. The Bill initiating this legislation was probably inspired by the new situation resulting from Ireland's entry into the European Economic Community, and was clearly influenced by the 1975 Merrison Report on the Regulation of the Medical Profession in Great Britain.

The predecessor body, the Medical Registration Council, had operated under a principal Act of 1927, with amending Acts in 1951 — introducing Provisional Registration and the 'Intern Year,' and again in 1955 — providing for Temporary Registration and at the same time removing the Council's obligation to seek the approval of the Minister in ten subsections of these Acts. It is worth recording that in the 1978 Act the Council is required to seek the Minister's approval or consent under ten different headings.

Fifty years and more is a long time in modern medicine, and when the Medical Registration Council is criticised for inactivity or worse, it should be remembered that it operated effectively and fairly within the constraints of outdated and inadequate legislation. Its disciplinary authority was restricted by its rigidity, being confined to erasure from the Register. No lesser sanction was possible.

Above all it was short of funds. Financed solely by once-for-all Registration Fees it could not find the resources for properly fulfilling its obligations particularly in education and training. Its staff, though loyal and efficient, was too small. Incidentally this type of funding resulted in an unrealistic and unreliable Register, containing twice as many names as there were doctors actually

## THE MEDICAL COUNCIL IN ITS FIRST YEAR

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practising in the State with addresses which in many cases were incorrect.

The present Council's authority to charge an Annual Retention Fee to all doctors under sixty-five not only gives the Council the necessary funds but will result in an automatically corrected Register. The initial fee of £15.00 was arrived at by careful budgeting and was accepted as inevitable and reasonable by individual doctors and by the Professional Bodies.

The Medical Council was inaugurated by the Minister for Health on 25th April, 1979. Unavoidable delay in finding, appointing and installing a new Registrar meant that it was not until September 1979 that Mr. Brian V. Lea, B.A., took up duty. With his appointment and with the election of the Registration, Education and Training, and Fitness to Practise Committees the routine work of the Council began. These principal committees deal with the three essential functions of the Council.

Registration might seem to be a simple matter of keeping an accurate list of those doctors practising in the State or for some other reason being on the Register. Registration is qualified by three strange adjectives — 'Full,' 'Provisional,' and 'Temporary.' In most cases after Primary Qualification by the medical degrees of the National University of Ireland or of the University of Dublin or by the Licences of the Colleges of Physicians and of Surgeons, the new graduate is Provisionally Registered. This allows medical practice in hospital only for the 'Intern Year.' If this is attested by a Certificate of Experience the young doctor can then be fully registered and thus obtain the privileges and the responsibilities of unrestricted practice. Full Registration can be reached by other routes. At present these are: by being already fully registered with the General Medical Council in London, or by a Directive of the Council of the European Communities. The Council also has rules which could allow doctors who do not fall into any of these categories to be fully registered. Temporary Registration is limited to "persons not otherwise entitled to registration who are or intend to be in the State temporarily for the purpose of employment in a hospital approved of by the Council." At one of the first meetings of the Council members expressed concern about the large number of foreign doctors availing of temporary registration and about the professional standards of some of them. The regulations as to their diplomas, certificates of experience and length of stay in Ireland have been carefully observed. Lastly the Act gave the Council

## THE MEDICAL COUNCIL IN ITS FIRST YEAR

authority to establish, with the Minister's consent, a Register of Medical Specialists. The Council has not yet made any decision in the matter.

The Council's responsibilities in the important field of medical education and training have been considerably increased by the new Act. The Council's paramount duty is to maintain standards, and it must satisfy itself as to the suitability and adequacy of education and training at both undergraduate and postgraduate levels. The Council may also withdraw recognition from any bodies that it had recognised as able to grant evidence of satisfactory completion of specialist training.

Thus the Council will have to satisfy itself not alone as to the standards of Undergraduate medical training including the examinations by which these standards are maintained but also the standards of Postgraduate training and experience in the specialties.

It is in this part of its education work that the Council recognises the role of the Postgraduate Medical and Dental Board which is charged with the task of promoting Postgraduate education.

Already the Royal Colleges, the Universities, the Medical Schools and the various Faculties and Joint Committees have introduced schemes of postgraduate education. The Council must satisfy itself on the standards that are set in its role of protecting the public welfare.

The Fitness to Practise Committee has replaced the Penal Cases Committee of the old Council and has greatly extended functions. "Professional Misconduct" has replaced the formidable old phrase "Infamous Conduct in a Professional Respect." Physical or mental disability, as well as professional misconduct, may result in a doctor being considered, after an inquiry, to be unfit to practise. So far the Committee has not had to conduct an inquiry, but all letters of complaint about doctors have been fully considered.

The new Medical Council of twenty-five members is more than twice as large as its predecessor which had only eleven. There has been an increase from two to ten in the number of members elected by the whole body of the profession, and an increase from two to six in the number of members appointed by the Minister. The elected members include, as the Act requires, two general practitioners, two hospital consultants not psychiatrists, one consultant psychiatrist,

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one engaged in community medicine, and one in hospital practice who is not a consultant. The Minister's appointees comprise three doctors, and three lay persons who represent the interests of the general public. Of the doctors one is a Deputy Chief Medical Officer of the Department of Health, and the other two, representing psychiatry and general practice respectively, have been appointed after consultation with appropriate professional interests. The lay members are all, by happy choice, ladies. This innovation is of double significance as in the past neither the laity nor the female sex was represented on the old Council. The lady members have already made valuable contributions to the debates and decisions of the Council.

This new Council, of twenty-five members, only seven of whom were members of the Medical Registration Council, has produced a wide and balanced representation of almost all branches of medicine, and together with the non-medical members should guarantee to the public the protection which it expects and to the profession the independence it values so highly. This independence can only be safeguarded if the highest technical competence is combined with unquestioned personal behaviour.

Good personal relations have already developed between the members themselves and between them and the staff. This pleasant atmosphere added to the competence and enthusiasm of the Registrar and the other officers of the Council augurs well for its future.

# THE GENERAL REGISTER OF MEDICAL PRACTITIONERS

By B. V. Lea, BA, MIPM,  
Registrar of the Medical Council.

The Medical Practitioners Act, 1978, placed the statutory responsibility on the Medical Council to prepare and establish a new Register of medical practitioners which would distinguish between those who are fully, provisionally or temporarily registered and be known as the General Register of Medical Practitioners. With the consent of the Minister for Health, the Council has been given statutory power to charge a fee for the retention of a doctor's name in the Register. The Register will be published every five years and in the intervening years, a supplement to the last published Register must be published. The Council had to maintain and keep the Register of Medical Practitioners established by its predecessor, the Medical Registration Council, prior to the establishment of the new Register.

The Council decided as a matter of priority to commence the preparatory work on the new Register with a view to its early establishment. Each doctor whose name was fully registered in the Register of Medical Practitioners, was sent in May 1980 an explanatory letter on the decision to establish the new Register. Doctors were informed in the same letter, that registration in the Register of Medical Practitioners would only be maintained until the new Register was formally established. Some twelve thousand letters were sent out in May 1980 and the response was excellent — both in the tone and the number of replies. It is well to point out here that it had been generally acknowledged that the number of doctors on the Register far exceeded the number who would wish to have their names included in the new Register. Six thousand five hundred and forty (including 846 doctors over 65 years who were exempt on age grounds from payment of the retention fee) applied to have their names included in the new Register. Approximately fifteen hundred letters were undelivered and returned, with a further two hundred and sixty-three returned marked "deceased." Seventy doctors indicated they did not wish to have their names included in the Register. This left approximately three thousand six hundred doctors who failed to respond. A suitable notice on the establishment of the new Register was inserted in August 1980 in the national daily press and appropriate medical publications. The Council was therefore in a position to announce formally that the General Register of Medical Practitioners would be established on 1st July 1980 on which date the Register of Medical Practitioners established in 1928 ceased to operate. Certificates of Registration

## THE GENERAL REGISTER OF MEDICAL PRACTITIONERS

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are being sent to all doctors whose names will appear in the new Register. Doctors will be informed that it is their statutory responsibility to display the certificates at the place where they normally practise. The first edition of the new Register will appear in 1981.

In order to maintain the new Register and ensure its accuracy, each doctor will receive an annual notice regarding registration together with a demand for payment of the annual retention fee. This will apply to doctors who are fully registered and to those doctors who, having been granted provisional registration, have not for one reason or another applied for full registration. 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. Those doctors who do not wish to maintain their names on the Register while, for example, being abroad may apply to the Council to have their names restored to the Register and pay the appropriate fees. Doctors who are temporarily registered are not affected as their registration is granted for a period of twelve months or less for a specific hospital. Their registration is continuously under review.

This chapter would normally contain some statistical analysis on the doctors registered in the new Register. This has not proved possible given the administrative systems and the limited number of staff available. However, the Council is in the process of installing a computer system. Statistical information on the Register will be available in 1981.

With the establishment of the General Register of Medical Practitioners the Council considers it advisable to draw attention to the following:

### **Registration**

There are three types of registration, **full, provisional, and temporary**. **Full Registration**, which is normally preceded by Provisional Registration, is granted to doctors who complete an internship of twelve months in an approved hospital and who furnish a Certificate of Experience. It is also granted to doctors who are nationals of member states of the European Economic Community and who hold approved medical qualifications provided they apply in the prescribed form and manner. It may be granted to doctors from countries with which Ireland has reciprocity of registration of medical qualifications. **Provisional Registration** is granted to holders of any of the primary qualifications awarded in the State. This form

## THE GENERAL REGISTER OF MEDICAL PRACTITIONERS

of registration permits doctors to practise medicine in a residential capacity in an approved hospital for such period as the Council decides. After completion of this period of training (currently twelve months) with clinical responsibility a Certificate of Experience is obtained allowing the doctor to apply for full registration. Finally, there is **Temporary** Registration, which is limited to doctors who are not otherwise entitled to registration, and enables those doctors from outside the European Economic Community to be employed in hospitals approved of by the Council. Temporary Registration, which is granted in periods of a year or less, cannot exceed five years.

### **Registration of Additional Degrees and Diplomas**

Approved qualifications, which are other than those required for initial registration, may on application by doctors and on payment of a fee be entered in the Register.

### **Removal of a Doctor's Name from the Register**

Registered doctors may apply to the Council to have their names removed from the Register and on receipt of such application and on payment of the appropriate fee, the Council may remove the names of registered doctors from the Register provided:

- (a) no application has been made pursuant to Section 45 of the Act for an inquiry into the conduct of the doctor concerned, or
- (b) that the doctor has not been convicted in the State of an offence triable on indictment (or convicted elsewhere of a similar offence).

The Council will not consider applications by registered doctors to have their names removed until such time as the Council has decided whether or not the name of such registered doctors should be erased from any such register pursuant to the provisions of the Act.

Doctors whose names have been removed from the Register following application may apply to the Council to have their names restored to the Register and subject to the provisions of the Act and on payment of the appropriate fee, then Council may restore the names of such doctors to the Register from which they have been so removed.

### **Correction of the Register**

The Council has the statutory responsibility to make any changes necessary to any entry in the Register which has been notified to it

## **THE GENERAL REGISTER OF MEDICAL PRACTITIONERS**

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or has come to its knowledge. In this connection it is important for doctors to keep the Council advised on any changes regarding their entries in the Register so as to ensure that the new Register is properly maintained.

### **Medical Certificates**

The validity of any certificate required for any purpose under any Act is determined by whether the doctor signing it is registered in the Register. Certificates not signed personally by the doctor are invalid.

### **Recovering of Fees**

Doctors whose names are not currently entered in the Register are not entitled to sue for fees.

### **Non-Payment of the Retention Fee**

The Council will erase or suspend for a specified duration the registration of a doctor for non-payment of the retention fee. The doctor's name may be restored by the Council on payment of a special fee.

### **The Register of Medical Specialists**

In addition to the General Register of Medical Practitioners, the Council may, with the consent of the Minister for Health, prepare and establish a register which will contain a division in respect of each specialty and will be known as the Register of Medical Specialists. No decision has been taken by the Council on the establishment of this Register.

## THE COUNCIL AND EDUCATION

By H. E. Counihan, M.D., F.R.C.P.I.  
Vice-President of the Medical Council.

The Education and Training Committee of the Council has met on four occasions since November 1979. This first year has been largely preparatory. The Medical Practitioners Act 1978 has brought many changes in the law and it was necessary to consider the terms of the Act and on occasion to have expert legal opinion on the working of the Act.

The Committee considered in detail the terms under which a provisionally registered doctor should be employed in order to qualify for a certificate of experience — which is issued by the body awarding the primary qualification. This period of employment commonly known as "the intern year" has been specified to remain as a year. The Committee has not recommended a minimum number of hours to be worked by "the intern" but has emphasised the educational role of the post which is not primarily a service post. It must be residential and the hospital should provide the doctor with suitable accommodation and provide educational facilities which have been outlined by the Council. Medical Schools and Hospitals have been circularised with the modifications in the previous arrangements as follows:—

"The Medical Council reaffirms that the internship should last twelve months consisting of six months general experience in medicine and six months general experience in surgery — a minimum period of two months and a maximum of three months could be spent in any of the specialties of medicine or surgery excluding Anaesthesia, Psychiatry and Radiology. Experience of medical and surgical emergencies must be included. The Council affirms that this year is a continuing educational experience and it has the statutory responsibility of reviewing the duration and content at regular intervals. Interns should live in residential accommodation provided by the hospital. However, interns will be permitted to spend two months in the specialty of Psychiatry as part of their six months general experience in medicine, where a general acute hospital has a Psychiatric Assessment Unit. The intern would be expected to carry out some medical duties during the two month period."

It is proposed to visit hospitals in conjunction with the Deans of the Medical Schools to examine the facilities available and to assess the number of interns authorised to each hospital. It is hoped that

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hospitals outside the large centres who have expanded their facilities and staff in recent years will train more interns.

The Committee has devoted many hours of discussion to post-graduate education and training. This is a new responsibility for the Council and the terms of the Act were studied in detail by the Education and Training Committee. The Council have a function to see that suitable professional standards are met but the promotion of postgraduate education and training is a matter for the Post-graduate Medical and Dental Board.

The Committee reviewed the list of hospitals which the Council should approve for purposes of temporary registration. It should be noted that temporarily registered doctors cannot work outside hospitals approved by the Council for the individual doctor.

The big task ahead for the Committee is a review of basic medical education and the Committee have under consideration the 1980 recommendations of the General Medical Council.

It is a pleasure to record that our relations with the General Medical Council remain close and that both Councils have co-opted members to their respective Education Committees. Professor N. Kessel has been the invaluable and helpful representative of the General Medical Council on the Education and Training Committee of the Medical Council and Professor J. S. McCormick represents the Council on the Education Committee of the General Medical Council.

# THE COUNCIL AND FITNESS TO PRACTISE

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

The Fitness to Practise Committee held its first meeting in November, 1979 and has met on seven occasions.

Following consultation with the Council's legal advisers it was decided that the full Committee should consider all complaints received against doctors which are summarised in the Table (below). It will be seen that in a quarter of the complaints the Committee thought it well to ask the doctor concerned for his observations. No enquiries were deemed necessary during the year. Under the Act the names of the practitioners involved in complaints may not be published unless they have been found guilty of professional misconduct or of unfitness to practise following an enquiry, so that any report can be framed only in general terms.

Whilst some of the complaints received were without merit it is difficult not to reach the conclusion that a number of them derived almost entirely from a lack of sufficient communication between doctors and patients and could have been avoided. Apart from the obvious desirability of an improvement in this field some doctors might save themselves trouble and anxiety in the future if they were to review their current procedures.

The other question considered in depth by the Committee was the relationship between doctors and the media. It is hoped that guidelines in this very difficult area will shortly be issued by the Council.

**Table**

<b>Alleged reason for complaint</b>	<b>Number</b>	<b>Observations of doctor sought</b>
Under influence of alcohol	1	1
Rudeness	3	1
Failure to attend patient	3	2
Treatment	16	3
Certification	1	1
Complaint against colleague	4	1
Breach of contract	1	1
Miscellaneous	14	1
	<hr/> 43	<hr/> 11

## **THE COUNCIL AND FITNESS TO PRACTISE**

Two complaints adjudicated on by the Medical Registration Council were, in request, reconsidered. The Adjudication was upheld in each case.

Nine convictions were statutorily reported to the Council.

Eight complaints are at present under consideration.

# REGISTRATION OF DOCTORS WITH PRIMARY QUALIFICATIONS AWARDED OUTSIDE THE STATE

## RECIPROCITY

Reciprocity of registration with the United Kingdom will continue for provisional registration until April 1985 and for full registration until April, 1987. Doctors holding Primary Qualifications in either State may if they choose register in the other by making application and paying a fee.

At the time of writing reciprocity is also available for medical graduates of certain universities in the following countries:— New Zealand, South Africa, Australia (the States of Queensland, Victoria, New South Wales, and Western Australia), and Canada (the Province of Saskatchewan). In future, however, it may be that reciprocity will be decided on an individual basis having regard to primary qualifications.

## EUROPEAN ECONOMIC COMMUNITY

A national of any member State of the European Economic Community who holds a formal Qualification awarded by a Competent Authority by any Member State will be granted Full Registration subject to application and payment of the appropriate fee.

## TEMPORARY REGISTRATION

Temporary registration is available for those doctors who are not otherwise entitled to registration and who intend to be only temporarily resident in Ireland. They may, for a total period not exceeding five years, be registered for employment in a hospital approved of by the Council. Their primary qualifications and certificates of experience must be acceptable to the Council.

Statistical information on Reciprocity and the European Economic Community is given below. Similar information for Temporary Registration will be available during 1981.

### RECIPROCITY

United Kingdom		Australia			South Africa	New Zealand	Canada	Total
		New South Wales	Western Australia	Victoria				
Full	Prov.							
69	1	2	1	1	2	—	—	76

### EUROPEAN ECONOMIC COMMUNITY

Belgium	Germany	Italy	The Netherlands	Total
1	10	2	2	15

## FINANCE SCHEDULE

	INCOME		
	1979 (35 Weeks)	1980 (52 Weeks)	Total (87 Weeks)
<b>RECEIPTS FROM REGISTRATIONS:</b>			
Annual Retention Fees	—	43,902	43,902
Fees Received for Provisional and Full Registrations	336	1,204	1,540
Fees Received for Provisional Registrations	7,830	10,764	18,594
Fees Received for Full Registrations	10,980	17,620	28,600
Fees Received for Temporary Registrations:—			
— Initial	1,695	7,945	9,640
— Extensions	3,375	11,323	14,698
<b>OTHER RECEIPTS:</b>			
Certificate of Good Standing Fees	312	770	1,082
Certified Copy Fees	729	1,010	1,739
Additional Qualifications Fees	33	20	53
Change of Name Fees	48	120	168
Interest Receivable	556	4,837	5,393
Dividends Received	511	524	1,035
Foreign Exchange Gain	39	143	182
Rent Receivable	335	—	335
Sale of Registers	665	—	665
<b>EXCESS OF EXPENDITURE OVER INCOME</b>	<b>6,577</b>	<b>134</b>	<b>6,711</b>
	<b>34,021</b>	<b>100,316</b>	<b>134,337</b>

## FINANCE SCHEDULE

	EXPENDITURE		
	1979 (35 Weeks)	1980 (52 Weeks)	Total (87 Weeks)
Meetings of Council Expenses	1,808	4,273	6,081
Salaries & Pension Payments including Temporary Staff	19,076	67,369	86,445
Rent & Rates	3,682	4,910	8,592
Printing of Registers	3,179	—	3,179
Other Printing, Stationery & Postage	2,436	17,686	20,122
Other General Expenditure	3,840	6,078	9,918
	34,021	100,316	134,337

## FINANCE SCHEDULE

The Finance Schedule covers the period from the date of the Council's establishment in April 1979 up to the end of the financial year 31st December 1980. The first column is in respect of the period April/December 1979, the second column January/December 1980 with the third column, the composite of both.

Income for the nine months ending December 1979 was £27,444 and £100,182 for the twelve months ending December 1980. Total income for both periods was £127,626. Expenditure for the respective periods was £34,021 exceeding income by £6,577 and £100,316 exceeding income by £134. The total excess of expenditure over income for both periods was £6,711.

An analysis of total expenditure shows that 64% was in respect of staff salaries including the employment of temporary staff. With the statutory duty to prepare and establish a new Register of Medical Practitioners, an increase in the staff establishment was required and this is reflected in salary payments for the period ending December 1980. Another consequential effect of the establishment of the new Register is reflected in the expenditure — some 15% — on printing, stationery and postage. Other general expenditure was 7.4% representing the composite of many items which of themselves were too small to itemise individually. Rent and rates accounted for 6.4% — the Council has a temporary letting agreement for offices with the Royal College of Physicians. It is hoped to acquire office premises more suited to the needs of the Council in the coming year. The expenses of members who act in a voluntary capacity in attending meetings of the Council, was 4.5% of expenditure. Printing of the Register for 1979 only, represented 2.5%. The new Register will be printed during the second half of 1981.

The income, with one exception, was based on that of the Council's predecessor, the Medical Registration Council and is generated through fees for registering doctors and providing such other services as are required by doctors. The exception referred to earlier was the introduction in 1980 of an annual fee in respect of the retention of a name on the new Register. The approval of the National Prices Commission and the consent of the Minister for Health was obtained for its introduction as was the case in January 1980 when all fees were increased. The portion of the retention fees accounted for in the finance schedule represents 34.4% of the total income. Receipts from full registrations represented 22.4% with temporary registrations accounting for 19.1%.

## FINANCE SCHEDULE

Provisional registrations receipts were 14.6%. Income from interest receivable and other dividends was 5.2% and the balance of income covering other receipts represented 4.4%.

It is difficult to give an informed opinion on the future financial position of the Council particularly as the Council is going through a transitional period. The preparation and establishment of the new General Register of Medical Practitioners, the collection of the annual retention fees, the computerisation of the Council's systems, an increase in the staff establishment and the need to create a general reserve fund all contribute to making a future forecast very difficult. However, the Council wishes to record that in its first full twelve months expenditure was kept within the prepared budget and on which the revised fees were levied and this can but augur well for the future financial position of the Council.