

Comhairle na nDoctúirí Leighis
The Medical Council



Annual Report 1983

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When reading this Report, in the latter part of 1984, one must remember that it deals with the year 1983. Already many of the matters referred to have been decided during the early months of 1984, not least the composition of the 2nd Medical Council.

The Council decided at its meeting in December 1982, to suggest to the profession that it should purchase its own office premises in the Dublin area. This decision was unanimous. The proposal and estimated cost was put forward in a Newsletter in February circulated to all those on the Register.

While the proposal gave rise to extensive comment within the profession, only 300 letters approximately were received by me. Some members wrote in support, many of the letters were indignant and critical, presuming that the decision to purchase had already been taken. Much of the comment in the medical press was distorted. A second Newsletter was circulated in May answering points made in the correspondence and press reports.

To determine the views of the profession as a whole, doctors were asked individually when their retention fees were invoiced, to indicate whether they favoured a once off increase in the retention fee to purchase office accommodation or, the price written off over a five year period. The analysis of the 4,400 who had paid their annual retention fee by September, showed that 2,550 or 57% completed the questionnaire. Of this number, 81% were in favour of purchasing accommodation. In the light of these findings, the Council, at its statutory quarterly meeting in September, decided to refer the matter to its House and Finance Committee for further consideration.

I envisaged that this Council, which will complete its term of office in April 1984, will leave the question of office accommodation for decision to its successor.

However, during the Autumn this subject was pushed into the background by the problems which were arising in matters concerning Fitness to Practise. Evidence became available which lead to inquiries being held at the Council's offices into the conduct of certain doctors. In two of these cases, the Council decided, in accordance with the procedure laid down in the Medical Practitioners Act 1978, that the names of the doctors concerned should be erased from the Register. At the year end the legal process set out in Part V of the Act under which the council or the doctor could make application to the High Court either to have the decision of the Council ratified or set aside had not commenced.

This was the first occasion on which the disciplinary powers of the Council, under the Act, had been invoked. It was necessary to consider every step very carefully with the legal advisers. No one could be certain as to the view the High Court would take of the procedures involved. Indeed we were very conscious that the Supreme Court might well become involved. The Council was concerned to balance the interest of the public and the rights of the doctor and to act strictly in



accordance with the law. However, one fears for the financial strains which may be placed on the profession's tolerance if protracted legal arguments were to be the norm of the coming years. The Council may well find itself — through no fault of its own — in the eye of a legal storm were the ability of any profession, legal, dental, nursing, veterinary, etc., to be self-governing and its major disciplinary decisions to be thrashed out in the higher courts.

These are costs for which the Council had not budgeted. They will be reflected in the retention fees for the coming years. How far the profession should be called to pay for the interpretation of an Act which was enacted by the Government of the day and handed to the Council to administer will be debated by the profession. Indeed the Council's experience in the working of the Act revealed many points which I am sure the new Council will need to examine to see if amendments can or should be made.

In the preparatory consultations held by the Department which lead to the Bill which became the Medical Practitioners Act 1978 being drafted, the organised profession opted for the principle of a body which would be financed completely by the profession as the preferred type of administration.

When the Council was established it was not provided with any of the tools with which to carry out its work, a headquarters, sufficient experienced staff or capital. Little or no preparation of the profession had been undertaken to gain its acceptance of the financial burden which it would be called on to bear. The Council was seen as another body imposing itself on the profession and one which the profession felt it could well do without. The latter years of the first Council have been clouded by the efforts of the profession to organise its own bodies, the I.M.A. and the Medical Union, into a single organisation.

One must look forward to a better understanding between the Council, the organised profession and those doctors who choose to remain independent. It is doubtful if the Council can ever become a popular body, but it can earn the respect of the profession and the public for its even-handedness, its responsibility, its detachment and its integrity. Certainly the alternatives to the profession being self governing do not bear contemplation.

The Act provides for an Annual Report and this is looked on as an important method of communication between the Council, the profession and the public. It seems to me that other channels of communication are also necessary in order to keep the profession and the public in touch with the Council's thoughts and work. Press conferences or statements have the drawback that they may be selectively reported depending on the news story of the day. The Council cannot rely on the present means available to communicate accurately its views to doctors and the public. I think that the Council will have to establish its own lines of communication. Reports, Newsletters and statements to the press all have a part to play. It may also be necessary to meet with the profession and other interested people throughout the country so as to learn their views

directly and in open debate. These were the reasons for holding the first "Forum" at University College, Cork in November.

It is my pleasant duty to record the unstinted help of all the members of the Council throughout the year. A Council cannot perform its role if the members are unwilling to attend both its formal meetings and its numerous Committees, and also to shoulder the many tasks which they are asked to undertake. I recognise that the work of the Council has called on them for many sacrifices, without any financial compensations. I have been a member of many Councils and working parties. None of them compare remotely in quantity of work, attention to detail and responsibility entailed by the Council. I must mention in particular the support and wisdom of the Vice-President, Professor Meenan, and the Chairmen of the Committees, John Walker, Michael Brady, Manné Berber and Norman Moore.

Perhaps at the beginning of the Council's work, neither the doctors nor the lay members representing the public interest quite knew what to make of each other's role. As we learned to work together under David Mitchell we all became less intimidated. Now that the life of the first Council draws to a close, I think that all the medical members have learned how valuable it was to have Miss Mella Carroll — until she was appointed a Judge of the High Court in 1980, Mrs Mabel Hayes, Miss Joan O'Connell and Mr John McKnight at our discussions. We have come to value and recognise their contributions.

I think that all will agree that the Council owes a special debt to John Walker as Chairman of the Fitness to Practise Committee and the Chairman of the first Committees of Inquiry established under the Act.

Two other groups have earned our respect and gratitude The Irish Pharmaceutical Society and the Garda Authorities, particularly those Gardai engaged in the field of controlling drugs. One admired their total integrity, compassion and dedication.

Finally, I wish to thank, on my own behalf, and that of the Council, our Registrar Brian Lea and his staff. Little could have been achieved during the life of the first Council were it not for Brian Lea's total commitment to its wellbeing. I know the long hours which he worked, time which he should have spent with his young family.



HARRY O'FLANAGAN
President

Members of The Medical Council

The Medical Council consists of twenty-five members as follows:-

Appointed by:

University College Cork
University College Dublin
University College Galway
University of Dublin
Royal College of Surgeons in Ireland

Michael P. Brady
Patrick N. Meenan
Eamonn M. O'Dwyer
James S. McCormick
Harry O'Flanagan

Appointed by the Royal College of Surgeons in Ireland to represent:

The Surgical Specialties
The Specialties of Anaesthetics
and Radiology

Francis A. J. M. Duff
William S. Wren

Appointed by the Royal College of Physicians of Ireland to represent:

The Medical Specialties
The Specialties of Obstetrics and
Gynaecology and Pathology

John G. Kirker
Alan D. H. Browne

Appointed by the Minister for Health — after consultation — to represent:

Psychiatry
General Medical Practice

John N. P. Moore
Manné Berber

Ten Fully Registered Medical Practitioners engaged in the practice of medicine in the State elected by Fully Registered Medical Practitioners, of whom at least:

Two are Consultants in General Hospitals¹

Colm Galvin
Conn Lucey
James D. O'Flynn
Michael D. Mulcahy
John Walker

One is a Consultant Psychiatrist
One is a Community Physician
One is a non Consultant Hospital Doctor
Two are General Practitioners

Brendan F. M. Powell
Dermot Gleeson
Hugh O'Brien-Moran
Bartholomew Sheehan

Four appointed by the Minister for Health to represent the interests of the general public:

Three of whom are non-medical

Mabel Hayes
John McKnight
Joan O'Connell;
Timothy O'Dwyer²

The President and Vice-President of the Council elected by the members:

President
Vice-President

Harry O'Flanagan
Patrick N. Meenan³

The Registrar, who is the Chief Officer of the Council:

Brian V. Lea

The Council is required to hold at least four meetings in a year and these are held in March, June, September and December.

- 1 A vacancy exists in the elected members consequent on the resignation of Henry E. Counihan as Vice-President and as a member of the Council in June 1983.
- 2 The Minister for Health appointed Timothy O'Dwyer to fill the vacancy created by the resignation of Alphonsus Walsh in June 1983.
- 3 Patrick N. Meenan was elected Vice-President of the Council in June 1983.

Reports of the Committees

EDUCATION AND TRAINING COMMITTEE

Looking back over the five years of the Committee's activities, there were some more special and outstanding than others.

The Sub-Committee on the pre-registration year took on the Council's task of examining the arrangements for the intern year. This year is an integral part of the undergraduate course during which the provisionally registered doctors are permitted to assume responsibility under the guidance of a consultant. In order to complete its work the Committee arranged visits to hospitals with intern posts. These posts were considered suitable for the training of provisionally registered doctors, doctors who have graduated and are completing a year's practical training in medicine and surgery under supervision before being eligible to apply for full registration.

A report on the pre-registration year was prepared and approved by the Council. This report was issued to the Medical Schools and hospitals. As this was the first report on the training of interns, it was not made public.

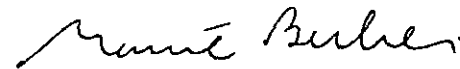
The visits to hospitals with intern posts has continued up to the end of this year. The hospitals have co-operated fully with the visitors and have altered their training arrangements when requested. The visits continue to be carried out in an atmosphere of goodwill and co-operation.

The Council has approved a list of thirty-six Specialties and seven Bodies for the purpose of granting evidence of satisfactory completion of specialist training.

The Committee decided that in its final year it would take an in-depth look at undergraduate education in the State and make some recommendations. These recommendations are in the process of being published.

During the five years, the members of the Committee and Mr Brian Lea and his staff have all played their part in preparing some of the groundwork to allow future Councils to continue to satisfy themselves as regards the suitability, adequacy and standards of the different aspects of medical education and training in Ireland.

I am grateful to them for making my task an easy one.



MANNÉ BERBER
Chairman

THE FITNESS TO PRACTISE COMMITTEE

The year under review continued to see an increase in the number of complaints made to the Council against registered medical practitioners. The Committee considered 75 complaints during the year, of which 15 were still under consideration at 31st December. The following table is the analysis of the complaints considered and determined in 1983:

Analysis of Complaints

Type of Complaint	No. Received	Doctors Observations/ Comments obtained	No. of Inquiries held
Treatment	19	4	—
Professional standards	12	7	3
Convictions	6	2	1
Advertising	4	4	—
Certification	3	2	—
Failure to attend Patient	2	2	—
Fees	2	—	—
Deputising arrangements	2	1	—
Miscellaneous	10	1	—
	<u>60</u>	<u>23</u>	<u>4</u>

Whilst the number of complaints made against registered medical practitioners was relatively low when compared with the number of doctors registered and practising in the State, it is of importance to note that the role of the Council vis-a-vis the responsibilities of registered practitioners was becoming increasingly known to the public. It should also be emphasised that many of the complaints do not fall within the statutory functions of the Committee. This applies particularly to the number of complaints received in connection with treatment services provided by practitioners (19) and to other miscellaneous complaints which were too general to be categorised (10).

The Annual Report for 1982 set out the Statutory responsibilities of the Fitness to Practise Committee in the matter of complaints. The Committee can only consider complaints which come within the brief ordained by Statute. The Committee must adhere to its statutory obligation to investigate the conduct of a registered medical practitioner **only** on the grounds of:-

- (a) alleged professional misconduct, or
- (b) fitness to engage in the practice of medicine by reason of physical or mental disability.

This year saw the receipt by the Committee of the first evidence of alleged irresponsible prescribing of controlled drugs by registered medical practitioners. Two courses of action were adopted. In the first, the Council having received a recommendation from the Committee, and acting in a manner which reflected the seriousness of the allegations, applied to the High Court under Section 51 of the Medical Practitioners Act 1978 for an order that the registration of three practitioners should not have effect. In the case of two of these doctors, the High Court made an Order prohibiting them from prescribing controlled drugs. In regard to the third practitioner, the Court made an order limiting that doctor's freedom to prescribe certain controlled drugs. The Misuse of Drugs Act 1977, provides for the legal control of a number of drugs. The Fitness to Practise Committee was especially concerned with the reported irresponsible prescribing of drugs of the synthetic narcotic group to which the requirements of Schedule 2 of the Misuse of Drugs Regulations 1979, apply.

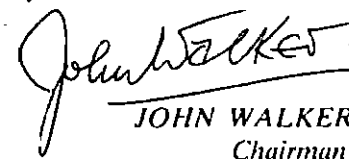
The second course of action adopted by the Committee was to establish inquiries into alleged professional misconduct of the three doctors against whom the High Court had made Orders.

During the year a total of 4 inquiries have taken place, the three already referred to, together with a fourth which was concerned with a practitioner who had been convicted of serious breaches of the Road Traffic Acts.

The Committee, as it is required to do under Section 45, reported its findings to the Council. The Council decided that the names of the three doctors who had been found guilty of irresponsible prescribing controlled drugs should be erased from the General Register of Medical Practitioners. In the fourth case, the Council accepted the recommendation of the Committee that a final determination should be postponed for one year.

It is difficult to convey, or for many to appreciate, the amount of responsible work occasioned by the activities of the Committee during the year. The holding of inquiries was extremely time consuming on the members of the Committee, on the Registrar and his staff, and on the legal adviser to the Council. It is of signal importance that the Act of 1978 stipulates that at least one member of the Fitness to Practise Committee shall be a lay member of the Council. The significances of the presence of non-medical members reflects the Council's dual function in combining a concern for the interest of the public with its duty of maintaining high standards of professional conduct. The current Committee is fortunate in having amongst its membership two non-medical persons whose balanced views, tempered with human and sympathetic understanding, have been of enormous benefit to the Committee's deliberations and findings. It is noteworthy that both of these lay members are women. Thanks are undoubtedly due to the other members of the Committee who, because of the many meetings of the Committee during the year, together with the inquiries, had to arrange their medical practices in a manner to cater for their absences. It is a mark of their commitment and interest in the work of the Committee that attendances at meetings and the inquiries were very high.

It would be ungratious of me not to express our gratitude to the Registrar and his staff for the unstinted administrative support which they gave to the Committee. It need hardly be said that all of this work has placed a heavy additional financial burden on the Council, but the mandatory obligations of the Committee have not been inhibited by this consideration.


JOHN WALKER
Chairman

REGISTRATION COMMITTEE

On the 31st December 1983, the statistical situation was:

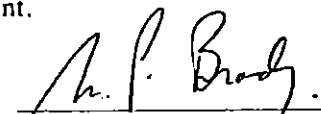
Fully registered	7,760
Provisionally registered	599
Temporary registered	296

Temporary registration is envisaged by the Council as being for the purpose of obtaining post-graduate education in the various disciplines, following which the holders will return to their own country.

Some difficulty has been experienced by a few doctors in obtaining temporary registration because their internship does not meet the requirements of the Council as laid down for graduates of the Medical Schools in this country.

It is important that all doctors coming to Ireland for post-graduate education should be acquainted of the internship requirements before they leave their country of origin.

In order that our requirements should not be too restrictive the Council is reviewing the internship requirements for overseas doctors. It would obviously be invidious to allow overseas doctors to practise in this country side by side with our own graduates who have strict internship requirements, if their own internship was incomplete or non-existent.


M. P. BRADY
Chairman

Five Years with The Medical Council

In the Spring of 1979 the then Minister of Health, C. J. Haughey, invited two lay women to represent the public interest on the Medical Council which he was establishing, and the following is a summary of our reflections on this appointment over the past five years.

Under the wise and expert guidance of the Council President, Dr David Mitchell, the Council quickly got down to work, selecting an extremely competent Administrator in Registrar Mr Brian Lea.

At that initial stage we fully utilised that golden rule of the three "Ls" Look, Listen, Learn. We certainly learned a great deal. However, we were conscious of the necessity to speak up and contribute to the debate and discussions on behalf of the public. This we did.

The work of the various Committees encompasses Registration; Education and Training; Fitness to Practise; Ethics; and House and Finance. Lengthy reports and manuscripts had to be studied and evaluated before each meeting with all Committees reporting in detail to the full Council Meeting at quarterly intervals.

Some of the achievements of the Council have been: Decisions and Recommendations regarding Undergraduate Medical Education; the Intern Year; Publication of an up-to-date Register of Doctors; and Ethical Guide for both Doctors and the Public and an Annual Report, plus on the practical side, numerous visits of inspection of Hospitals throughout the country.

Specific involvement with the Fitness to Practise Committee has taught us much. This Committee has a major and time-consuming task on hand to deal with the numerous complaints as they are submitted. Each case is treated in a most professional and discrete manner with endless hours of research being put into compiling evidence followed by lengthy deliberations before a verdict is reached. Criticism of the Medical Profession and indeed of the Council has been quite vociferous of late. Constructive criticism is always welcome but it must be backed up with facts. Inquiries into the prescribing pattern of a number of doctors have been conducted, resulting in some of them being deemed unfit to practise medicine. The Public must be protected.

In conclusion we feel that:

- * all doctors and aspiring doctors need to be made aware, and to constantly up-date their knowledge, about drugs and the inherent dangers of over-prescribing. A Counselling service for doctors (possibly provided by the Medical Council) could be a helpful guide on such matters.
- * the Council needs to acquire suitable premises in which to conduct its business which is often of a highly confidential nature, in privacy. Its present rented accommodation at Hatch Street is quite unsuitable.
- * finally, we should like to mention the annual registration fee of £28.00, the cause of much griping by some doctors, this fee is hardly an exorbitant amount to request in this day and age particularly in view of the services rendered by the Council and that it is deductible in assessing tax.

Mabel Hayes
MABEL HAYES

Joan O'Connell
JOAN O'CONNELL

FINANCE SCHEDULE
FOR THE YEAR ENDING 31st DECEMBER 1983

INCOME	£	% of Income	EXPENDITURE	£	% of Expenditure
Receipts from Registrations					
Annual Retention Fees	172,413	57.67	Meetings of Council Expenses	23,233	7.80
Provisional and Full Registrations	1,041	0.35	Salaries and Pension Payments including temporary staff	146,002	49.01
Provisional Registrations	16,590	5.55	Rent and Rates	26,484	8.89
Full Registrations	25,984	8.69	Fuel, Light and Heat	2,015	0.68
Temporary Registrations:-			Printing and Stationery	25,079	8.42
Initial	8,295	2.77	Postage and Telephone	18,474	6.20
New Periods	25,480	8.52	Leasing Charges	13,858	4.65
Document Examination	24,457	8.18	Legal Fees	22,804	7.66
Restoration to and removal from Register	3,896	1.31	Audit, Accountancy and Bank Charges	2,847	0.96
EEC Full Registrations	570	0.19	Repairs, Renewals and Maintenance	4,164	1.40
	<u>278,726</u>	<u>93.23</u>	Insurance	1,572	0.53
OTHER RECEIPTS			Unrecovered Hospital Visits Expenditure	4,078	1.37
Certificates	835	0.28	Depreciation on Fixtures & Fittings	3,311	1.11
Interest, Dividends and Foreign Exchange Gain	12,859	4.31	Other General Expenditure	3,938	1.32
Service and Sundry Receipts	101	0.03		<u>297,859</u>	<u>100.00</u>
Sale of Register and Ethical Guide	3,098	1.04	Excess of Income over Expenditure	1,098	
Recovery of Hospital Visits Expenditure	338	0.11			
Rent from Sublease	3,000	1.00			
	<u>20,231</u>	<u>6.77</u>			
	<u>298,957</u>	<u>100.00</u>		<u>298,957</u>	