

*****IMO COUNCIL HAVE APPROVED THE BELOW CONSULTATION*****

**Medical Council Consultation Feedback Form
Draft Amendments to Part 10 (Section 88) Rules
November 2012**

Email your submission to Section11Consultation@mcirl.ie to reach the Council by 27th November 2012

Please note that all submissions are subject to the provisions of the Freedom of Information Acts 1997-2003.

Introduction The Medical Council is the statutory body responsible for regulating the medical profession in the Republic of Ireland. It helps drive patient safety by ensuring good professional practice amongst doctors. An important function of the Medical Council is to quality assure and promote continuous improvement in medical education and training. In this way, it helps ensure that trainee doctors have a foundation from which they can provide care which is safe, personal and clinically sound throughout their professional lives. The Medical Council's role in overseeing the professional development of doctors spans the entirety of their careers: basic medical education, intern training, specialist training and maintenance of professional competence.

Central to this role are rules which the Medical Council makes to govern how it will operate various functions under the Medical Practitioners Act 2007 ("the Act"). It has previously made Part 10 (Section 88) rules in respect of the duties of Council in relation to medical education and training. The Medical Council is now proposing to amend these rules. The process for amendment followed by the Medical Council is set out in Section 11 of the Act, and includes publishing the draft proposals so as to provide interested individuals and groups with an opportunity to comment. This consultation feedback form is for that purpose. Submissions on the draft rules must reach the Medical Council by close of business on 27th November 2012. All comments will be considered by the Medical Council before it finalises the amendments to the rules and puts these into effect. About the proposed amendments

The Medical Council is proposing amendments to Rule 3 of the part 10 Rules in respect of the duties of Council in relation to Medical Education and Training (Section 88). You can see the proposed amendments [here](#). Rule 3 is concerned with the Medical Council's function under Section 88(3)(a) of the Act to specify the number of intern training posts it approves for the purposes of intern training on the foot of proposals received from the Health Services Executive. Intern training is a key step in the professional development of doctors as they transition from completion of basic medical training to specialist training. This function enables the Medical Council to quality assure and promote continuous improvement of intern training in Ireland.

Specifically, the purpose of these proposed amendments is to clarify the relationship between completion of intern training in Ireland and Article 24 of Directive 2005/36/EC, a Directive which governs the recognition of professional qualifications across European Member States. The amendments reflect the current arrangements for basic medical training in Ireland. They make it clear that intern training leading to issuance of a certificate of experience by the Medical Council contributes to basic medical training which satisfies the requirements of Article 24 of Directive 2005/36/EC.

Thank you for participating in this important consultation process.

Medical Council Consultation Feedback Form Draft Amendments to Part 10 (Section 88) Rules November 2012

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For Group Responses, please indicate the number of people responding:	On behalf of membership
Please enter your comments in the appropriate box below. Space has also been provided at the end of this document for general comments.	
DRAFT RULE NUMBER:	COMMENTS:
Rule 3.1 The number of intern training posts to be specified by the Medical Council will depend on the extent to which the HSE in their proposal confirm that the posts identified in that proposal are part of a structured intern training programme organised through an Intern Training Network, which has clear educational objectives, measurable progression in ability, and externally validated assessment <i>and which provides basic</i>	The IMO largely supports this amendment to incorporate the intern year into the total period of basic medical training period, but further comment on the practical implications that may follow such a change are necessary, particularly any changes to the employer role or working conditions and unsupervised work of interns, especially changes in overnight on-call shifts which may have a flow on effect to other grades within the hospital.

<p>medical training leading to a certificate of experience that satisfies the requirement of Article 24 of Directive 2005/36/EC for this training to be provided by, or under the supervision of, a university. The posts must have designated educational trainer(s), each of whom must hold specialist division registration with the Medical Council.</p>	<p>As the Intern Training Networks are currently based around existing Medical Schools and are the responsible bodies for the administration of the Intern Programme, this amendment indeed meets the specific requirement under Article 24 that the training be provided by or under the supervision of a university.</p> <p>As this largely reflects the current arrangements for the intern year, we support the additional clarity that this amendment supplies.</p>
<p>Rule 3.2.a An intern training post: (a) Must comprise a minimum aggregate period of twelve months (comprising a minimum aggregate period of 1,200 hours of basic medical training leading to a certificate of experience) of which at least three months must be spent in Medicine in general and three months in Surgery in general</p>	<p>Again, while this clarification largely reflects the current arrangements in intern training and working hours, there is concern about how this aggregate period will be calculated, and indeed where this figure comes from.</p> <p>This rule change clearly states that the 1,200 hours will now be considered part of basic medical training (forming part of the 5,500 hours), which moves away from the current understanding of the intern year being considered as the first year of postgraduate medical training.</p> <p>Coupled with different rotations, more detail on this provision and how it will be calculated should be provided.</p>
<p>General comments:</p> <p>The Irish Medical Organisation has undertaken work at a European level both through and outside of our European representative organizations to ensure the IMO's perspective is well presented during this revision process.</p> <p>The IMO supports the Commission's proposal to clarify the time requirements for basic medical training (see below text) in order to reduce the variances that occur throughout the EU in regards to basic medical training experiences. While the current Directive 2005/36/EC has been interpreted quite differently throughout Europe, we understand that the revision underway is likely to result in more prescriptive text, particularly given that the Commission's current proposal is likely to change the wording of Article 24 to 5,500 hours of theoretical and practical training to be completed within a minimum of 5 years (subject to further amendments and legislative procedure). The IMO would like to draw attention to Rule 1 (4) of Part 10 Rules that <i>'The 5,500 hours referred to in the Directive must be completed in a programme which is of a duration which is no less than four years.'</i> Once the revision is completed, this section of the Rules will have to be adequately addressed in order to become compliant with the current European policy movement in regards to basic medical training.</p>	

As stated in rule 3.1, the IMO has considerable concerns about the practical implications that may result from such a change, particularly given the interplay of other actors in the intern year, namely the HSE as employer; the universities and postgraduate training bodies who all have key existing roles in delivering the intern year. Interns are currently employed under an NCHD contract and provide necessary services while receiving further training required to pursue the medical profession. Any changes to this arrangement require the input of the IMO on behalf of their intern members as well as student members who intern in the future.

One other consideration that the IMO wishes to highlight is that currently not all graduates of medicine in Ireland can secure an intern post. If the intern year is to be considered part of basic medical education, it requires that each medical student be attached to an intern post to ensure they adequately complete their basic medical training.

While the IMO agrees that the Medical Council does require clarity particularly in regards to compliance with the Professional Qualifications Directive and the subsequent outcomes of the revision process, the IMO would like to emphasise the importance of the current revision and their future implications for the arrangement and delivery of medical education in Ireland. Should there be other issues that arise from such a change, the IMO must be consulted on their impact to our Intern members.

IMO COMMENTS ON THE PROPOSAL TO AMEND DIRECTIVE 2005/36/EC ON THE RECOGNITION OF PROFESSIONAL QUALIFICATIONS

Basic Medical Training and Continuing Medical Education

The IMO fully supports the Commission's proposal to clarify the time requirements for basic medical training, and welcomes the change from six to five years of study consisting of at least 5500 hours. In Ireland and other Member States, many of the courses are already five years duration and meeting the 5500 training hour criteria and the quality of such is not compromised, as reflected in the Commission's Impact Assessment:

In some cases, the number of training hours may be distributed over 5 years and there is no evidence that this organisation compromises the quality of the training. Indeed, introducing flexibility in programme design and delivery, with rigorous quality assurance arrangements, should not undermine the quality of education¹

Further weight to this section should also be the excellent graduate entry medicine programs that exist both in Ireland and in other Member States.

The IMO continues to reiterate that time and duration should not be disproportionately weighted against other components that are important to training such as content, structure, quality and evaluation of training and education programmes.

The IMO therefore welcomes the Commission's efforts within the proposal to address this under Article 24 Paragraph 4 to map out a process to specify knowledge of clinical disciplines and practices and experience necessary that comprise basic medical training.

¹ Commission Staff Working Paper: Impact Assessment Annex 8 Minimum Training requirements for Health Professionals pg 23

However, we disagree that this is to be considered a 'non-essential' element of the Directive by adopting delegated acts to carry out this procedure. The IMO firmly believes that this process must be done in complete consultation with both European and National competent authorities, along with educational and professional experts who can contribute meaningfully to this process. The required procedure should be incorporated into the Directive to ensure that it is a transparent and accountable process that can achieve its intentions of defining medical competencies.

Along the same principles of promoting the highest possible quality in basic medical training through common understanding of Member State practices, the IMO supports the reporting mechanism outlined in Article 22 of the proposal to submit information on the CME and training procedures related to doctors of medicine and medicine specialists. We see this as an encouraging move for the profession to promote best practice in these areas, which still respecting national arrangements.