



IRISH MEDICAL  
ORGANISATION  
Ceardchumann Dochtúirí na hÉireann

# IMO Submission on the Medical Council Draft Booklet for Patients

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## **IMO Submission on the Medical Council Draft Booklet for Patients. - August 2016**

The IMO is the representative body for all doctors in Ireland and welcomes the initiative of the Medical Council to produce a booklet for patients which explains the role of the Medical Council, how patients can work with doctors and contribute to their own healthcare, the type of doctors that might treat you and what patients should expect from their doctors.

In relation to the draft booklet the IMO would like to make the following comments:

### **Page 1 - PURPOSE OF THE BOOKLET**

This booklet is intended to help you get the best healthcare through working in partnership with your doctors and other health professionals. It explains the different types of doctors that might treat you, what you can expect from your doctors, and how you can work with them to improve your care. The guide also sets out the role of the Medical Council and provides help in finding further information about health and health care.

This booklet has been written for patients and the public. It does not form part of the Guide to Professional Conduct and Ethics which all doctors registered with the Council must follow.

Correctly, the introduction above starts by focussing on patients and puts the Medical Council role after that. Yet the chapters start with information about the Medical Council; this would be better placed at the end of the booklet.

The second paragraph above repeats that the focus is on patients but the next sentence would not make sense to members of the public. The booklet may not be part of the Guide to Professional Conduct but doctors who don't follow the type of practice set out in the booklet are likely to be in breach of some aspect of appropriate professional behaviour. It would be best to delete the paragraph.

### **Page 2 – Registration with the Medical Council**

Page 2 describes the different types of registration is overly prescriptive. Patients need to know that some doctors are registered as specialists and work in their specialty without supervision, other doctors work under supervision as part of a team either as trainees or in supervised posts, and that doctors on the general register may practise independently but may not represent themselves as specialists. Other issues regarding possible status of doctors who have trained abroad either in the EU or elsewhere may be dealt with as a subsection of above.

This section is also full of technical language like "postgraduate training colleges" which is meaningless to the average patient. Effective communication to patients is required both of doctors and of the Medical Council. The Medical Council should carry out a full review of the document to ensure that the language is appropriate to the average lay-person.

## **Page 5 – CHAPTER 3 - DOCTORS WHO MAY TREAT YOU**

Chapter 3 provides a narrow depiction of where doctors work and their varying roles. In addition to GPs and Hospital doctors there should be some mention of community-based doctors who work in schools, prison services, residential facilities, mental health services, occupational health. There are also doctors that patients may not encounter but who are vital to the provision of healthcare including public health specialists, doctors in management roles, laboratory-based doctors. Chapter 3 should include some information about the roles of these types of doctor.

This chapter should mention that many doctors work in multi-disciplinary teams and that patients may see several different types of doctor depending on their circumstances.

It should also be mentioned in Chapter 3 that specialist care is organised through hospital groupings and that a patient may be referred for specialist opinion to a regional centre of excellence.

## **Page 6 – Telemedicine**

Some explanation is also needed on what constitutes safe and suitable services for telemedicine. While telemedicine services can be suitable in certain scenarios such as emergency situations, chronic disease management or when distance is an issue there is some debate over whether telemedicine services can adequately replace an initial face-to-face consultation in general practice.

## **Page 8 – Giving or Refusing Consent to Treatment**

To state that “[consent is usually given ... in the case of children under the age of 16, by the patient’s parent or guardian](#)” is ambiguous and may deter minors from seeking care and expose a doctor to litigation in the case where a parent’s consent was not sought. In the case where a patient under the age of 16 refuses to involve a parent or guardian a doctor should carry out a careful assessment of the minor’s maturity. In the Guide for Patients it is important that the chapter on consent is consistent with The Guide to Professional Conduct and Ethics for Registered Medical Practitioners and the National Consent Policy.

Similarly in relation to patients with cognitive impairment, such as patients with dementia or learning disabilities, a doctor will carry out a careful assessment of a patient’s capacity to consent at the time of decision-making. If a patient is deemed not to have capacity to consent, this does not mean that the patient is unable to make other decisions in the future. This functional approach to assessing capacity should be clarified again in the Guide for Patients and should be consistent with The Guide to Professional Conduct and Ethics for Registered Medical Practitioners and the National Consent Policy.

## **Page 10 – Using the Internet**

It is important that patients are aware that some websites can be misleading. It may be useful to direct patients here to some websites that provide reliable information. Eg. HSE website.