



Submission to the Medical Council

Draft Rules on Registration

S-10-006
October 2010



The Competition Authority
 An tÚdarás Iomaíochta

1. CONCERNS OF THE COMPETITION AUTHORITY

- 1.1 The Medical Council's draft Rules on Registration are of critical importance to anyone wanting to work as a doctor in Ireland. We welcome and support the proposed new rules in so far as they help to ensure patient safety and promote proper standards of medical practice.
- 1.2 The proposed rules appear to outline a logical system for assessing non-EU doctors. However, the rules themselves do not provide enough certainty or guidance on how the "equivalence" of non-EU qualifications and training will be assessed. Nor do they set out a timeframe within which a decision should be reached. It is important that the proposed new rules do not end up imposing unnecessary restrictions on the supply of medical practitioners by placing excessive obstacles in the way of suitably-qualified or appropriately-trained overseas doctors who wish to work here.
- 1.3 There is a shortage of GPs in Ireland. We highlighted this recently in our Report on *Competition in Professional Services: General Medical Practitioners*.¹ The shortage of GPs has been eased in the past by an inflow of overseas doctors, many of them from outside the EU. We would be concerned if the new process of registration for non-EU doctors, who have received their training outside the EU, were to make it difficult for appropriately-trained doctors to work here, thereby cutting-off an important source of supply.
- 1.4 The changes in the registration process for doctors arising from the Medical Practitioners Act 2007 can raise the bar for entry in two ways. First, they can do so deliberately, by specifying new (higher) standards required for registration. This does not raise competition concerns so long as the higher standards required are no more than is really necessary, and no higher for doctors trained outside Ireland than for Irish-trained doctors. Second, they can make it more difficult for some doctors to register, not because they do not meet the standards required, but because it is more difficult for them to **prove** that they do so.
- 1.5 The Competition Authority is concerned that the implementation of the proposed rules as currently drafted may deter suitable doctors from registering in Ireland, and thus exacerbate the current shortage of GPs. It may also create shortages in other medical specialties.

¹ Competition Authority (2009), *Competition in Professional Services: General Medical Practitioners, Part I*, available at www.tca.ie/EN/Promoting-Competition/Market-Studies/Professions/General-Medical-Practitioners.aspx.

2. CONCERNS REGARDING THE REGISTRATION OF NON-EU GPs

- 2.1 A number of our concerns relate specifically to the registration of non-EU doctors who wish to come to Ireland to work as General Medical Practitioners (“GPs”).

Draft Rules on Registration of Specialists

- 2.2 Our understanding of Rule 6(a) of the Draft Rules on Registration is that non-EU doctors will be entitled to register as a “Specialist in General Practice” if the ICGP deems their training and experience to be “equivalent” to those of an Irish-trained GP. Rule 7 also appears to provide for the ICGP to assess equivalence of training and qualifications.
- 2.3 It is reasonable to request an overseas-trained doctor to produce evidence that their training and qualifications are “equivalent” to that of an Irish-trained doctor. However there are important issues to be addressed in deciding how “equivalence” is to be determined.

1. “Equivalence” of training and qualifications

- 2.4 It is important that the process for assessing the “equivalence” of overseas training and qualification should be **transparent, clear** and **objective**. Applicants should be able to **quickly** see whether they meet the required standards and, if not, should be able to see what steps they need to take to meet the requirements.
- 2.5 A comprehensive system for assessing the training and qualifications of overseas applicants is needed. Such a system would ideally focus on a country-by-country, or region-by-region, assessment, in much the same way as the process of EU recognition operates. The first step in such a process would be to extend the current system of **reciprocal recognition** of overseas qualifications to include a wider set of countries, beginning with countries with which there is already a high level of familiarity, and where English is the mother tongue. This would allow the individual assessment of applicants to proceed much more speedily, within the context of a wider system of recognition. We appreciate that it will take time and resources to put such a system in place. Failure to do so however may seriously curtail Ireland’s access to a continued supply of overseas doctors.
- 2.6 Implementing reciprocity arrangements with appropriate countries requires the ICGP to spend significant resources and to prioritise this process. The cost to Ireland of **not** prioritising this process could be significant, however, as the supply of foreign GPs is likely to be substantially reduced.

2. Experience in an Irish GP Practice

- 2.7 The ICGP has set out three criteria which non-EU applicants **must** satisfy if they wish to register as a Specialist GP (see Appendix). **These include a requirement that all applicants complete one year full-time or equivalent part-time in an Irish general practice.** This experience must include six months in a GMS practice.

This requirement goes beyond that which is required of EU-trained GPs.

- 2.8 We would question whether it is appropriate to have a blanket rule of this nature. For experienced doctors who wish to come here to work, it could act a serious barrier to entry. Where an applicant can provide evidence of extensive experience in general practice in another country, they should be permitted to at least argue their case for being granted an exemption from this rule. Where an applicant comes from another English-speaking country where the case mix is broadly similar to Ireland, the rule seems unnecessary.

3. Application Process

- 2.9 The timeliness, clarity and cost of the process are important for applicants. A long-drawn out, costly or uncertain process is likely to deter many doctors from applying and will act as a *de facto* barrier to entry.
- 2.10 The Medical Council should issue guidelines on the process – including the timeframe – to be followed by the ICGP (or other assessor) when reviewing applications.
- 2.11 Doctors whose applications are rejected by the ICGP should have the right to appeal that decision directly to the Medical Council.

3. RECOMMENDATIONS

A. All foreign-trained doctors

3.1 The Medical Council has overall responsibility for the recognition and registration of all foreign-trained doctors. In order to ensure that suitably-trained doctors are not deterred from working in Ireland, we would like the Council to:

- Develop **reciprocity arrangements** with a wider range of countries than are currently covered.
- Set down a clear **timetable** for this process.
- Ensure that, where the process for reviewing overseas applications has been delegated by the Council to Recognised Bodies in particular medical specialties, these Bodies are required to develop reciprocal arrangements with appropriate countries. This will entail them completing a country-by-country assessment of foreign training and qualifications, with a view to establishing clear guidelines on the extent to which they meet, or fall short of, the standards required in Ireland. The Council should set down a timetable for them to complete this work.
- Establish a clear **timetable for the applications process** and ensure that Recognised Bodies meet the timelines set down in that process.

B. Foreign-trained GPs

3.2 We would like the Council to:

- **Review the criteria** set down by the Irish College of General Practitioners ("ICGP") in assessing non-EU GPs who wish to register as a Specialist GP, particularly the requirement that all applicants complete one year full-time or equivalent part-time in an Irish general practice.
- **Provide an effective appeals procedure** for non-EU GPs whose applications are rejected by the ICGP. The ultimate decision on who is admitted to the Medical Register is made by the Medical Council (not by the ICGP). Doctors whose applications are declined by the ICGP should be allowed to appeal that decision directly to the Medical Council in a speedy, cost-effective way. (We are aware that applicants who are refused registration by the Council have the right -under Section 54 of the Medical Practitioners Act 2007 - to appeal that decision in the Courts. This is a slow and costly process, however, which is unlikely to be pursued by non-EU GPs, many of whom are coming to work in Ireland for only a short period.)

APPENDIX A: CRITERIA USED BY THE IRISH COLLEGE OF GENERAL PRACTITIONERS IN REVIEWING APPLICATIONS FROM NON-EU-TRAINED DOCTORS FOR ENTRY INTO THE SPECIALIST DIVISION OF THE REGISTER OF MEDICAL PRACTITIONERS.

Criteria for reviewing applications entry into the Specialist Division of the Register (SDR) for doctors with training/qualifications obtained outside the EU. Where the College is required by the medical council to review applications from doctors with training/qualifications obtained outside the EU the applicant must satisfy the following criteria.

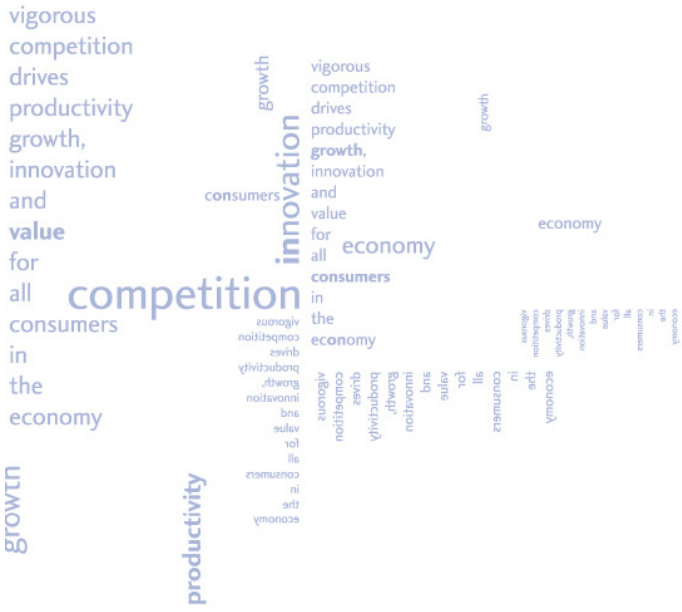
- Completion of a recognised general practice training programme (minimum of 3 years) as confirmed by a Certificate of Satisfactory Completion from an accredited training programme/recognised training authority including an accredited summative/end point assessment in general practice, and
- Completion of one year full time [1] or equivalent part time in an Irish general practice in the Republic of Ireland. This experience must include 6 months in a GMS practice, and
- Completion of MICGP Examination or a recognised equivalent general practice examination.

FRACGP

General practitioners who hold the Fellowship of the Royal Australian College of General Practitioners (FRACGP) are not included in this category.

[1] Definition of full time - The required minimum number of sessions is 310 sessions in the calendar year to qualify as full time. This is calculated on the basis of 75% of 468 sessions (9 sessions X 52 weeks), to allow for periods of normal absence from practice e.g. annual leave etc.

Source: www.icgp.ie



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