

submission to the review group for consideration Jantze Cotter

IRGPrivatePublic@health.gov.ie 05/03/2018 10:43

Cc:

Bill Prasifka Hide Details

From: Jantze Cotter < jcotter@mcirl.ie>

To: "IRGPrivatePublic@health.gov.ie" <IRGPrivatePublic@health.gov.ie>

Cc: Bill Prasifka <br/>
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bprasifka@mcirl.ie> History: This message has been replied to.

Dear Ronan

Apologies for the delayed response.

I provide the following commentary in response to invitation to make a submission to the review group which is conducting an "impact analysis should be carried out of the separation of private practice from the public hospital system, with a view to identifying any adverse and unintended consequences that may arise for the public system in the separation".

Interested parties are invited to comment on the current arrangements in relation to private practice in public acute hospitals; on the future direction that might apply; and on suggestions in relation to transitional arrangements to give effect to the future direction. In particular, the group invites submissions related to the following six themes:

Eligibility, access and equity Legislative and legal issues

Recruitment and retention of personnel

Current and future funding arrangements

Operational matters including specialist services

Practical approaches to removing private practise from public hospitals including timeframe and phasing

The Medical Council have considered the above and while we recognise that changing the public/private mix for the delivery of health care services will disrupt existing arrangements we do not see that it will change our standards. We will continue to register doctors according to the same standards. We will still seek the same prerequisites for retention or registration. We will continue to have the same standard of review of complaints whether the RMP is in public or private practice.

However there are a couple of points that you could consider in your exploration of this:

- Increased demand for doctors with specialist qualifications to fill consultant posts would result in an workload impact on the MCI registration process
- Potential to impact on the supply and demand of doctors with general and specialist registration
- Increased applications from doctors seeking to obtain specialist registration through section 47 (1)(f) - assessment of training and experience
- An impact regarding Professional Indemnity (PI) arrangements for doctors working in both sectors. A move to the private sector will see those doctors no longer covered by the CAPS Scheme, leading to need to pay higher premiums for their PI cover.
- Potentially an impact on training; reducing opportunities available to trainees in public hospitals, particularly in surgery. At present, private hospitals deal mainly with elective, non-acute surgical procedures.
- If specialist training increases in private hospitals it would mean that the MCI would have more hospitals to inspect. This would have a significant impact on resources.

If you would like to discuss any of the above please contact me.

Regards

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