

Medical
Protection



Priorities for the next Government of Ireland

November 2024

What we are calling for

The Government that forms after the next election will face a range of issues affecting healthcare professionals and patients that will need action. Long wait lists, staffing shortages and issues with healthcare funding and investment continue to burden a system still under strain following Covid-19, and progress in numerous policy areas which were held up during the pandemic will now need to progress with some urgency.

Medical Protection is the world’s leading protection organisation, with over 300,000 members across the globe. In Ireland, we have represented our members for over 100 years and currently have over 16,000 doctors, dentists and healthcare professionals whom we support. Our experience means that we have a particular perspective on the reforms needed to end the impact of protracted and costly clinical negligence claims processes, lengthy Medical Council investigations, limited personalised wellbeing support and staffing shortages. We see the impact of these pressures firsthand.

This document sets out the areas that we believe should be prioritised, based on our experience of assisting members and policy reports we have published and the submissions made to government consultations. Progress in each of these areas would improve patient care; healthcare professionals who are happy, supported and experience proportionate, timely accountability for their actions find it much easier to be compassionate, provide safer care and continue doing the best for their patients.

Clinical negligence reform	Accountability
<ul style="list-style-type: none"> ▪ Urgent action to reduce legal costs and speed up processes - including the introduction of pre-action protocols, proactive court led case management and specialist clinical negligence court with specialist judges and procedural rules. 	<ul style="list-style-type: none"> ▪ Urgently commence the powers delegated to the Medical Council in the Regulated Professions Act 2020 – to allow them to triage and close cases not requiring further action more swiftly. ▪ Reform the Coroner service - standardise processes across Ireland, introduce pre-Inquest meetings and introduce a Chief Coroner. ▪ Implement high quality training for Expert Witnesses - to raise standards, so that experts are clear on the expectations of the role and their duty to the court.
Wellbeing	Workforce
<ul style="list-style-type: none"> ▪ Establish local, specialised, and independent wellbeing support – so that doctors know what support is available for their specific needs, before crisis, without fear of repercussions from regulators and employers. ▪ Implement counselling and wellbeing services as standard practice – embedding this as part of everyday work for doctors. ▪ Protecting healthcare professionals from physical and verbal aggression – working with public and private hospitals, and the Garda, to reform systems for healthcare professionals to report and seek support for abuse 	<ul style="list-style-type: none"> ▪ Meet the workforce growth plan - as outlined by the National Taskforce on the NCHD Workforce to meet the growing demand for doctors. ▪ Retain existing staff and those trained in Irish Medical Schools – to ensure high-quality and home-trained medics are not leaving due to stress or burnout. ▪ Supporting overseas qualified professionals – ensure there are appropriate inductions when internationally trained healthcare professionals arrive, covering cultural as well as clinical differences

Clinical negligence reform

Medical Protection recommends that as a priority the government implements:

- **Urgent reforms to reduce legal costs and speed up processes** - including the introduction of pre-action protocols, proactive court led case management and specialist clinical negligence court with specialist judges and procedural rules.

Ireland is an outlier when it comes to clinical negligence claims processes.

Our data¹ shows that claims in Ireland take longer and involve higher legal costs than in every other country where Medical Protection support members.

The average claim takes four years (1,462 days) to conclude in Ireland, which is 56% longer than in the UK, Hong Kong, and Singapore.

The average legal cost for a claim in Ireland is €34,646, which is 191% more expensive than in the UK (€11,911).

There are very high costs; both financially, and personally on those involved in the process.

A patient who experiences avoidable harm in Ireland today will wait much longer to receive compensation than is necessary, and the healthcare professionals and patients involved in the claim will likely be dragged through an unnecessarily long and stressful process that has a significant impact on their mental wellbeing. 91% of doctors that responded to our recent survey² about their experience of the claims processes told us that they were worried about their welling. 44% of respondents said the claims process was much more stressful than they imagined it would be.

A series of tort reforms would help mitigate the impact of the current, protracted processes as well as reduce legal costs. We propose:

- **Pursuing the regulation to introduce pre-action protocols;** guidelines, set out through legislation, to encourage the early exchange of information and increase claims settled outside of court and litigation.
- **The introduction of proactive court-led case management;** to ensure claims are appropriately progressed without undue delay.
- **Specialist Courts and judge system;** as has been carried out in Scotland, where it has reduced the reliance on the court system and enacted swifter resolutions.

The recent report from the Interdepartmental Working Group on the Rising Cost of Clinical Negligence³ echoed these recommendations and called for them to be implemented ‘without delay’. We were pleased to see the current Minister also welcome these findings and recommendations.

We would urge the next Government to **progress with implementation of the Working Group’s recommendations** as a matter of urgency.

¹ [The human and financial cost of clinical negligence claims: the case for pre-action protocols](#), January 2024

² Ibid

³ [Interdepartmental Working Group on the Rising Cost of Health-Related Claims Report](#), September 2024

Accountability

Medical Protection recommends that the government:

- **Urgently commence the powers delegated to the Medical Council in the Regulated Professions Act 2020** – to allow them to triage and close cases not requiring further action more swiftly.
- **Reform the Coroner service** - standardise processes across Ireland, introduce pre-Inquest meetings and introduce a Chief Coroner.
- **Implement high quality training for Expert Witnesses** - to raise standards, so that experts are clear on the expectations of the role and their duty to the court.

Doctors expect to be accountable for the healthcare they provide, however they also have a right to expect that it is done in a way that is fair, proportionate, efficient, and sensitively handled. Sadly, we see first-hand when supporting doctors through various processes that this is not always the case.

We recently surveyed members⁴ who had been subject to a **Medical Council of Ireland** investigation. 93% report that the experience caused stress and anxiety and 73% said it impacted on their health and wellbeing. The length of processes was a significant factor which distressed doctors, notably 88% of survey respondents said the investigation took longer than expected and nearly three quarters (74%) said that the process being completed more quickly would have made the process less stressful.

We recognise that the majority of the work to improve timelines and embed compassion and support for doctors lays at the door of the Medical Council and we have been pleased to see progress from them on this approach. However, some actions are dependent on Government action to reform regulatory processes more widely.

As an urgent priority, the Department of Health should **rapidly implement the powers outlined in the Regulated Professions Act 2020**, so that the Medical Council can triage cases not requiring further action, closing spurious cases swiftly and instead focus on cases which potentially pose a risk to patient safety. These powers also allow for the Preliminary Proceedings Committee to conclude a matter by way of Undertakings, that is outlining measures to be put in place to address areas of a doctors practice, and the ability for the CEO of the Medical Council to triage out vexatious and spurious complaints before opening a complaint investigation.

We also know that members increasingly report being involved with coronial investigations and inquests. **Reforms to the coronial service** would greatly assist in bringing the process back to the fundamental purpose of an inquest; investigating who died, where, when and the cause of death.

The Government should work with the Garda Síochána to ensure that the coroner holds the responsibility of approaching witnesses, including doctors, to attend court. This would remove the distressing experience of having the Garda as a first point of contact, which can make inquests appear as criminal investigations against witnesses. We also support the introduction of pre-inquest meetings as standard, to expedite the sharing of information and identification of core witnesses.

Finally, the Government should work with the HSE to **support doctors in undertaking expert witness training** and maintain a central list of experts. Medical experts play a critical role in a range of criminal, civil, coronial and regulatory processes. The barriers to undertaking expert work - including time constraints and unfamiliarity with the legal system - mean that doctors who take on expert work are often those at the end of their careers, some of whom have been out of clinical practice for a considerable time. The Government should work with the HSE to introduce high quality medical expert training to encourage established, active doctors in Ireland to provide expert opinion; they are best placed to understand the wider challenges of the environments in which doctors work, and appreciate the systems issues that may have played into an incident.

⁴ [Understanding the impact of a Medical Council investigation, June 2024](#)

Wellbeing

Medical Protection recommends that the government:

- **Work with all appropriate stakeholders to develop a culture of physical and emotional wellbeing**- so that doctors can provide remain safe and safely deliver healthcare to patients
- **Establish local, specialised, and independent wellbeing support** – so that doctors know what support is available for their specific needs, before crisis, without fear of repercussions from regulators and employers.
- **Implement counselling and wellbeing services as standard practice** – embedding this as part of everyday work for doctors in Ireland.
- **Protect healthcare professionals from physical and verbal aggression** – working with public and private hospitals, the Garda and all appropriate healthcare bodies to reform systems for healthcare professionals to report and seek support for physical and verbal aggression against them.

Modern medicine allows doctors to do more to improve their patient's lives than ever before, however mounting evidence shows that doctors feel stressed, burnt out and unable to cope in ever greater numbers.

In a 2023 survey of MPS members in Ireland⁵, two in five doctors said their mental health was worse now than it was during the pandemic. A similar amount (38%) were considering their future in healthcare due to mental health concerns. Worryingly, a third also told us that not being able to do the right thing for patients, or 'moral injury', was affecting their current mental health. Of note, nearly three quarters (74%) of the doctors that responded to our survey about mental health felt as though the Government could do more to help doctors with mental health issues.

Recent research⁶ has shown that to counteract psychological distress, doctors in Ireland were highly likely to resort to working increased hours as a way of coping. This only increases the likelihood of burnout and longer-term absences, which in turn, has an impact on patient care and safety.

There must be a shift to implement proactive, independent wellbeing support. Support for doctors and specialists is available from a variety of organisations, however these services are often overburdened with not enough available to prevent crises from happening in the first place. The Government should work with the HSE and private hospital organisations to **ensure that specialised support is being facilitated** – peer support, counselling services, debriefing from stressful and traumatic incidents, and wellbeing support must all be provided as standard, operating confidentially so that doctors can access help without repercussions from employers.

The Government should also **secure funding for existing mental health and wellbeing services**, such as the Practitioner Health Matters Programme. There are excellent resources available, however these services often rely on donations; these must be safeguarded so that healthcare professionals can always access confidential and independent help.

We also know that staffing shortages and waiting list backlogs are fuelling abuse against doctors - MPS research from 2023⁷ showed that three in five doctors have experienced or witnessed verbal or physical abuse from patients or their relatives. This understandably has a negative impact on their wellbeing; of those that have witnessed abuse, 86% said it was impacting their mental health. Worryingly, a quarter also said that they felt abuse against healthcare professionals is not taken seriously by the Garda.

The Government must work with both public and private hospitals, and the Garda Síochána, to **ensure that there are adequate and specialised routes for healthcare professionals to report abuse** without fear of backlash from patients or their families.

⁵ [Two in five doctors say mental health is worse now than during the pandemic](#), October 2023

⁶ Doherty, A., Prihodova, L., Walsh, G., Hayes, B. (2024) 'How do they cope? A national cross-sectional study of coping in hospital doctors in Ireland', *BMJ Open*. Available at: <https://doi.org/10.1136/bmiopen-2023-076218>

⁷ [Staff shortages and referral backlog fuelling abuse against doctors](#), September 2023

Workforce

Medical Protection recommends that the government:

- **Meet the workforce growth plan** - as outlined by the National Taskforce on the NCHD Workforce to meet the growing demand for doctors.
- **Retain existing staff and those trained in Irish Medical Schools** – to ensure high-quality, home-trained medics are not leaving due to stress or burnout.
- **Support overseas qualified professionals** – ensure there are appropriate inductions when internationally trained healthcare professionals arrive, covering cultural as well as clinical differences.

Supporting and developing the medical workforce is key to the delivery of timely and effective care to patients.

The Irish Medical Organisation (IMO) reported that 83% of junior doctors routinely work more than 48 hours a week, with occasions where Non-Consultant Hospital Doctors (NCHDs) have worked on call on busy surgical and emergency departments for up to 100 hours⁸.

The next Government must ensure that the medical workforce is properly resourced and sustainable for the future. This should include increasing both medical school places and hospital doctor posts, retaining those already in the workforce or about to enter it, and supporting those who come to the Ireland from overseas.

The National Taskforce on the NCHD Workforce made a series of recommendations in their April 2023 interim report⁹. Among these, they urged the Government to **commit to a workforce plan** which would increase consultant posts to 6,000 and NCHDs in training to between 5,800-6,000 by 2030. We urge the next Government of Ireland to meet these recommendations, in order to fill the growing demand for doctors.

It is also crucial that those that both qualified and experienced doctors, and those being trained in Irish Medical School, are **retained in the workforce**. Around 700 doctors a year are choosing to move abroad after completing their intern year, which constitutes around 80% of the annual cohort of interns qualifying in Ireland¹⁰. Doctors at all levels of experience chose to move and work abroad for a host of reasons, however, this choice should not be a made due to burnout, poor mental health or lack of staffing and resources; the IMO have implied that these are the top reasons for intern emigration¹¹. We urge the next Government to **formulate a proper retention plan** for both existing medics and newly qualified healthcare professionals.

International Medical Graduates are a vital part of the workforce; in 2022, more than 70% of newly registered doctors in Ireland trained overseas¹². It is crucial that doctors entering the workforce receive an adequate and appropriate induction, to ensure that they feel welcomed, valued, and supported as they transition to Irish clinical practice. The National Taskforce on the NCHD Workforce in their Interim Recommendations Report published in April 2023 set out as a priority that an 'enhanced Induction should be provided for all International Medical Graduates (IMGs) new to the Irish Health Service, to support them to commence working safely in a new clinical environment, and to successfully integrate as quickly as possible, both professionally and personally'. We fully support this recommendation and urge the next Government to set this out as a priority.

⁸ [IMO evidence to the House of the Oireachtas Joint Committee on Health](#), 22nd May 2024

⁹ [National Taskforce on the NCHD Workforce - Interim Recommendations Report](#), April 2023

¹⁰ [IMO evidence to the House of the Oireachtas Joint Committee on Health](#), 22nd May 2024

¹¹ Ibid

¹² [Medical Council of Ireland Medical Workforce Intelligence Report 2023](#)

About MPS

Medical Protection is a registered trademark and a trading name of The Medical Protection Society Limited (“MPS”). MPS is the world’s leading protection organisation for doctors, dentists and healthcare professionals. We protect and support the professional interests of more than 300,000 members around the world. Membership provides access to expert advice and support and can also provide, depending on the type of membership required, the right to request indemnity for any complaints or claims arising from professional practice.

Our in-house experts assist with the wide range of legal and ethical problems that arise from professional practice. This can include clinical negligence claims, complaints, medical and dental council inquiries, legal and ethical dilemmas, disciplinary procedures, inquests and fatal accident inquiries.

Our philosophy is to support safe practice in medicine and dentistry by helping to avert problems in the first place. We do this by promoting risk management through our workshops, E-learning, clinical risk assessments, publications, conferences, lectures and presentations.

MPS is not an insurance company. All the benefits of membership of MPS are discretionary as set out in the Memorandum and Articles of Association.

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