



Comhairle na nDochtúirí Leighis  
Medical Council

# ANNUAL REPORT & FINANCIAL STATEMENTS 2011



# Contents

President's Statement	4
Chief Executive Officer's Review	6
The Role and Functions of the Medical Council	8
The Medical Council	10
Performance against Strategic Objectives	12
Medical Council Executive	26
CEO's Office and Communications	28
Registration	29
Education and Training	30
Professional Standards	32
Professional Competence	34
Financial Governance	35
Corporate Services and Human Resources	36
Operations and ICT	37
Report and Financial Statements	38
Notes to the Financial Statements	50
Appendices	61
Glossary	139

## President's Statement



**Professor Kieran C Murphy**  
President



Please click on the image above to view the President's statement video.

In accordance with Section 16 of the Medical Practitioners Act 2007, I am pleased to submit the Annual Report of the Medical Council for the year ended 31st December 2011.

The Medical Council's role has evolved considerably since the introduction of the 2007 Medical Practitioners Act and 2011 saw a further expansion of the Council's responsibilities with new procedures implemented to ensure the continuing safety of patients in Ireland.

The Council's strategy for 2010-2013 provides the blueprint for our work and Council members and staff remain focused on delivering on our strategic objectives in partnership with the public and the profession.

One of the Council's strategic objectives is to set and monitor standards for the maintenance of professional competence. In May, professional competence requirements came into effect for all practising doctors, placing on a statutory footing practices which doctors have engaged in on a voluntary basis for many years. The new requirements ensure that all doctors now have a legal duty to keep their knowledge and skills up-to-date and will be of benefit to doctors, their patients and their practice. By actively embracing a system that focuses on quality of practice, doctors demonstrate both high standards of professionalism and a continuing commitment to the safety of patients. In 2012, the Council will commence audit and monitoring procedure procedures to ensure confidence in this new system.

New performance procedures were also developed in 2011 which will allow the Council to work in a more targeted way with doctors where concerns have been raised about their ongoing performance. Previously, the Council handled complaints about doctors using either health or disciplinary procedures. The introduction of new performance procedures will now allow for an onsite assessment of a doctor's practice where there are concerns about performance. These new procedures will be rolled out in 2012 and will strengthen the Medical Council's regulatory role while supporting doctors in achieving and maintaining good standards of professional practice.

Communication with the public, the profession and relevant organisations within the health system is another core strategic objective for the Council, to ensure our work is both transparent and clearly understood and work continued in this area in 2011. Feedback from the public and doctors particularly has been sought on a range of issues to improve our processes and a body of work was undertaken to improve the accessibility of Medical Council resources, particularly our website, [www.medicalcouncil.ie](http://www.medicalcouncil.ie).

As part of this work, we also undertook to strengthen links within the wider health system. The Council took part in a new campaign, 'Healthcomplaints', which is coordinated by the Office of the Ombudsman to raise awareness about how to make a complaint about health and social care services. For the Council's work to be successful, it needs to be complemented and closely linked to the work of other health organisations and in 2011, Memoranda of Understanding were signed with both the Pharmaceutical Society of Ireland and the

## President's Statement

(Continued)

Irish Medicines Board. This will facilitate improved information sharing and closer collaboration on areas of common interest.

The Council is committed to developing and maintaining close links across the wider health system to help achieve our shared goal of improving patient safety. In this regard, I would like to acknowledge our close working relationships with the Department of Health, the Health Service Executive, the Forum of Postgraduate Training Bodies and patient representative groups.

As Council's role has developed in recent years, each Council member has made a significant contribution to ensuring that our strategic goals are focused on improving standards of patient care and safety. I would like to thank each member for their valuable contributions especially Dr Anna Clarke, Vice President and the Council Committee Chairs. I would also like to recognise the contribution of Mr. John Billings, Professor James Slevin and Ms. Mary Culliton, who resigned from the Council in 2011. Ms. Marie Kehoe and Dr Michael Ryan were appointed to the Council during the year, and bring with them significant expertise from their respective roles in the HSE and the Royal Irish Academy which will benefit the Council for the remainder of our term.

Developments in the Council's role have had a significant impact on the Council's work practices and I would like to particularly acknowledge the Chief Executive Officer Caroline Spillane for the energy, focus and commitment she brings to the organisation. In addition, I would like to acknowledge Medical Council staff for their continued diligence and professionalism, which is illustrated on a daily basis in supporting the Council's work.



.....  
**Professor Kieran C Murphy**

President

## Chief Executive Officer's Review



**Ms Caroline Spillane**  
Chief Executive Officer

The Medical Council's work is focused on delivering improvements to patient safety in Ireland and in 2011 we remained committed to setting and monitoring standards at all stages of a doctor's career to help achieve this objective.

It is imperative that doctors receive the best possible standard of education and training to ensure that from the outset of their careers, they are measuring their own standards of practice against the highest possible standards of care. As part of our role in setting and monitoring standards for undergraduate, intern and postgraduate medical programmes, inspections of all six Irish medical schools were undertaken in 2011, in addition to inspections of 38 intern training sites.

Irish medical students are required to meet clearly defined standards in order to gain entry to the medical register, and similarly, applicants from outside of the European Union/ European Economic Area must meet set criteria so that Irish patients can have confidence in their ability to provide safe and appropriate care. In 2011, legislation was passed which created a new Supervised Division of the medical register. In response to an imminent Health Service Executive workforce shortage, over a two month period, Council staff assessed approximately 270 applicant doctors, through evaluation of qualifications and clinical examinations, to establish their fitness to practise in Ireland.

Considerable work was also undertaken to benchmark qualifications from other jurisdictions against those in Ireland, and internships from a number of countries are now recognised as meeting Council's standards, exempting doctors from pre-registration examinations. This work is illustrative of our increased focus on streamlining processes to ensure that registration is a straightforward process for those who meet Medical Council criteria while ensuring that the necessary standards are met by doctors wishing to practise in Ireland.

Patients need to have confidence that their doctor has the knowledge and skills to provide satisfactory treatment, and developments in the area of professional competence in 2011 will help to reassure the public of their doctor's ongoing fitness to practise. It is now a legal requirement for doctors to maintain their professional competence by engaging in activities which support the continued development of their practice. Doctors have engaged in such activities on a voluntary basis, but the formalisation of these procedures will ensure that all doctors have a clearly defined set of criteria to meet which will benefit them, their patients and practice.



Please click the image above to view the CEO's review video.

# Chief Executive Officer's Review

(Continued)

It is important that the public have confidence in their doctors and also in the work of the Council. Processes must be made as accessible as possible for the public to retain their confidence in the medical profession. To this end, in 2011, a review of the procedures of the Preliminary Proceedings Committee (PPC) was undertaken and a number of recommendations implemented to improve Council's handling of complaints about doctors. A panel of mediators has been appointed to support the PPC, in addition to three investigators to support their work.

The Medical Council sets the standards which doctors must abide by, and it's also important that we ensure our own standards and processes are based on best regulatory practice. The Council made further strides in the development of its ICT systems in 2011 in order to streamline processes. In 2012, a new online portal for doctors will be developed, which will allow our registrants increased interaction with the Council online, removing the need for paper based forms in many cases. Developments in ICT have led to cost savings, and this is a continuing area of focus for the Council. Requisitioning, procurement and contract management systems were optimised in 2011 to maximise cost effectiveness in many areas. To facilitate optimal performance from staff, in 2011, a Performance Management Development System (PMDS) was developed and all staff will be working to achieve defined targets in 2012, which will assist in the training and development of staff, while delivering on Council's objectives.

I would like to thank the staff for their commitment and hard work in 2011. New processes, such as the introduction of professional competence requirements and the creation of the new Supervised Division presented new work processes for Council staff, who worked diligently throughout the year.

The Council's work can only have a meaningful impact as part of a wider focus on patient safety across the health system, and I would like to thank officials at the Department of Health for their continuing support, as well as our colleagues at the Health Service Executive, postgraduate medical training bodies and patient representative organisations, for working so closely with us throughout the year.

On behalf of the staff, I would like to thank the Council, particularly the chairs of Committees and Working Groups for the strategic guidance provided to us in 2011. Finally I would like to recognise the guidance, leadership and support provided by the Council's President, Professor Kieran Murphy. Through collaboration and a focus on improving and maintaining standards, we aim to improve the standards of patient safety in Ireland, and I look forward to continuing our work in this area in 2012.



.....  
**Caroline Spillane**  
Chief Executive Officer

# The Role and Functions of the Medical Council

The objective of the Medical Council is to protect the public by promoting and better ensuring high standards of professional conduct and professional education, training and competence among registered medical practitioners.

Established by the Medical Practitioners Act 1978 (updated in 2007), the principal functions of the Medical Council are to:

- Establish and maintain the Register of Medical Practitioners
- Set and monitor standards for undergraduate, intern and postgraduate education and training
- Specify and review the standards required for the maintenance of the professional competence of registered medical practitioners
- Specify standards of practice for registered medical practitioners including providing guidance on all matters related to professional conduct and ethics
- Conduct disciplinary procedures

## Mission Statement

**'Protecting the public by promoting and ensuring the highest professional standards amongst doctors'**

The Medical Practitioners Act 2007 has conferred the Medical Council with an increased number of statutory functions that allows Council to exercise this role in a more comprehensive manner. The above principal functions, in addition to the increased responsibilities for establishing standards for undergraduate education and postgraduate training of doctors, provides a stable mandate for achieving Councils mission statement.

The Medical Council's Vision, Mission and Values are laid down in our Statement of Strategy 2010-2013, arising from which the six strategic objectives that define the focus for the organisation have been identified.



Comhairle na nDochtúirí Leighis  
Medical Council

# The Medical Council

The Council has a membership of 25 including both elected and appointed members. Under the provisions of the Medical Practitioners Act 2007, the Council is comprised of 13 non-medical members and 12 medical members representing a range of medical specialties, teaching bodies, members of the public and stakeholders, all of whose appointments have been approved by the Minister for Health and Children. The current Council's period of office is 2008 to 2013. The members of the Council are as follows;



**Professor Kieran Murphy (President)**  
a doctor specialising in Psychiatry, was nominated by the Irish Psychiatric Training Committee.



**Professor Gerard Bury**  
a specialist in General Practice.



**Dr Anna Clarke (Vice-President)**  
a specialist in Public Health Medicine.



**Ms Anne Carrigy**  
a non-medical member, nominated by An Bord Altranais.



**Mr Jon Billings**  
a non-medical member, nominated by the Health Information and Quality Authority. Mr Billings resigned on 22nd June 2011. (Position yet to be filled).



**Dr Regina Connolly**  
a non-medical member, nominated by the Minister for Health & Children.



**Dr Richard Brennan**  
a General Practitioner, nominated by the Irish College of General Practitioners.



**Ms Mary Culliton**  
a non-medical member, nominated by the Health Service Executive. Ms Culliton resigned on 28th January 2011 and was replaced by Ms Marie Kehoe.



**Mr Brendan Broderick**  
a non-medical member, nominated by the Health Service Executive to represent the management of the public health sector.



**Professor Anthony Cunningham**  
a specialist in Anaesthesia.



**Ms Katharine Bulbulia**  
a non-medical member, nominated by the Minister for Health & Children.



**Dr Pauline Kane**  
a Non-Consultant Hospital Doctor.

# Medical Council

(Continued)



**Ms Marie Kehoe**

a non-medical member, nominated by the Health Service Executive and appointed to Council on 4th October 2011. Ms Kehoe replaced former Council member Ms Mary Culliton.



**Ms Margaret Murphy**

a non-medical member, nominated by the Minister for Health & Children.



**Professor William Powderly**

a doctor, nominated by University College Dublin.



**Dr Deirdre Madden**

a non-medical member, nominated by the Minister for Health & Children.



**Ms Marie Murray**

a non-medical member, nominated by the Minister for Education and Science after consultation with the Higher Education Authority.



**Dr Michael Ryan**

a non-medical member, nominated by the Royal Irish Academy and appointed to Council on 4th October 2011. Dr Ryan replaced former Council member Professor James Slevin.



**Dr John McAdoo**

a doctor, nominated by University College Cork and appointed to Council on 18th January 2011. Dr McAdoo replaced former Council member Professor Paul Finucane.



**Professor Diarmuid O'Donoghue**

a doctor, nominated by the Royal College of Physicians of Ireland.



**Professor James Slevin**

a non-medical member, nominated by the Royal Irish Academy. Professor Slevin resigned on 2nd June 2011 and was replaced by Dr Michael Ryan.



**Professor Damien McLoughlin**

a non-medical member, nominated by the Minister for Health & Children.



**Dr Daniel O'Hare**

a non-medical member, nominated by the Independent Hospitals Association of Ireland.



**Mr Frank McManus**

a doctor, nominated by the Royal College of Surgeons in Ireland.



**Dr David O'Keefe**

a specialist in Radiology.



**Dr John Monaghan**

a specialist in Obstetrics and Gynaecology.



**Dr John O'Mullane**

a non-medical member, nominated by the Health and Social Care Professionals Council.

# Performance against Strategic Objectives

The vision of the Medical Council is that "Patient safety and public confidence is ensured through excellent doctors upholding the highest standards." In order to achieve this vision, the Council's guiding principle is laid out in our mission statement: "to protect the public by promoting and ensuring the highest professional standards amongst doctors". Having set the overall ambition of the organisation in the form of the aforementioned vision and mission, the Council felt it was important to set out the core values and objectives underpinning all of the activities of the organisation.

These values and objectives are defined in our Statement of Strategy 2010-2013 and define the focus for the Medical Council for the period up until 2013.

A formal Business Plan covering the period January – December 2011 (Q1 to Q4) was submitted to the Department of Health and Children on 31st January 2011. The main areas of activity during 2011 have been aligned to their relevant Strategic Objectives as outlined in the [Medical Council's Statement of Strategy 2010-2013](#).

## Strategic Objective 1:

Set and monitor standards for medical education, training, conduct and ethics

### Undergraduate training

In undergraduate medical education, a comprehensive accreditation and monitoring programme was completed. Inspections of all six medical schools were undertaken. The nine programmes of basic medical education (five direct-entry and four graduate-entry) were all evaluated in 2011. As consumers of undergraduate medical education, students are an important constituency, and interaction with students forms a key part of every medical school visit.

### Intern training

There were many positive developments throughout 2011 in relation to intern training in Ireland. These included the revision of the ['Guidelines on Medical Education and Training for Interns'](#), the approval of the six Intern Training Networks, the approval of the National Intern Training Programme and the inspection of all 38 clinical sites in the State where interns receive training. The inspection and subsequent approval of training sites was of particular importance as it was a key element in the process whereby Council accepted responsibility for issuing Certificates of Experience to interns who successfully completed their internship.

### Postgraduate training

On 18th January 2011, Council agreed the process by which Postgraduate Training Bodies and Programmes of Specialist Training would be accredited. By close of 2011, four of the thirteen currently-recognised Training Bodies had commenced the accreditation process with a further five Training Bodies scheduled to engage in the process in 2012. The remaining four Bodies will be accredited in 2013.

### Recognition of specialties

2011 also saw significant developments in the recognition of new medical specialties. With the recognition criteria and process already approved in 2010, a preliminary review was completed in respect of applications from six aspirant specialties following which, Council made a decision that two applications should proceed to a full review. This second stage review is ongoing and is set to conclude in early 2012.

### Professionalism

Additional guidance on professionalism has been provided in the Council's ["Guidelines for Medical Schools on Ethical Standards and Behaviour appropriate for Medical Students"](#), providing advice on issues including competence, confidentiality, personal and professional interactions, dress, and health. Medical schools' promotion to students of these guidelines formed part of the accreditation process.

# Performance against Strategic Objectives

(Continued)

## Inspector of Anatomy

The Council's Inspector of Anatomy, Professor Ceri Davies, was appointed in 2011 and his responsibilities on behalf of Council for the inspection of anatomy regulations and facilities at medical schools commenced, the first time that Council has had this obligation. The Inspector's findings will inform Council's future activities in this area. The autumn edition of the Council's [E-newsletter](#) included an article about Professor Ceri Davies.



Inspector of Anatomy, Professor Ceri Davies.

## Pre-Registration Examination System

The Medical Council requires all doctors to meet defined practice standards. Doctors who have qualified outside of the EU/ EEA must pass or be exempt from the Council's Pre-Registration Examination System (PRES) if they wish to be registered but do not satisfy the criteria for other registration pathways. This examination is set at the level of medical school exit/ intern year entry and includes a computer-delivered multiple choice questionnaire examination and a clinical examination using real clinical scenarios. PRES Level 2 examinations are held by the testing company on behalf of Council and 2011 saw 145 candidates sitting the PRES Level 2 in various test centres. Three PRES Level 3 examinations were hosted by the Medical Schools on behalf of Council with a total of 142 candidates sitting this examination in 2011.

## Examination for Supervised Division

A new examination of clinical skills, the Examination for the Supervised Division Level 2, was developed and introduced in July 2011. This was open to non-EU doctors who had obtained a post in Ireland in General Internal Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, Psychiatry, Emergency Medicine, or Anaesthesia. The Examination tested their competence in clinical judgement, communications, and data interpretation in their particular speciality. 14 Level 2 Examinations for the Supervised Division

were held, in August and November/ December 2011, with successful candidates subsequently registered in the Supervised Division. The long-standing Pre-Registration Examination System continued to regulate non-EU doctors' entry to the General Division. [Guidelines for employers of doctors in supervised posts and registered in the Supervised Division of the Register](#) were issued providing guidance in relation to the performance by the employer of their function in respect of the establishment of a system of supervision for doctors in this division of the Register.

## Committee Structure

The Sub-Committee structure underlying the Professional Development Committee was revised in 2011. A new Standard Setting Sub-Committee and a new Standard Monitoring Sub-Committee will advise PDC on major issues across the spectrum of undergraduate, intern, and specialist medical education and training. The Intern Training Sub-Committee continued to focus on that transitional year. The Pre-Registration Sub-Committee and the Examination for the Supervised Division Working Group were active during the year but will be subsumed into an Examinations Sub-Committee to consolidate Council's examination responsibilities in 2012.

# Performance against Strategic Objectives

(Continued)

## Strategic Objective 2:

Support doctors in attaining and maintaining their registration

### Assessment of applications

The Registration Working Group continued to consider non-standard applications for registration across all divisions of the Register. The volume of applications for registration to the Specialist Division created a significant workload, requiring the input of the Postgraduate Training Bodies who provide assessments on applications to the Working Group. Work continues to be undertaken by the Executive in revising the manner in which Postgraduate Training Bodies provide their assessments to the Working Group and on updating the procedures supporting requests for reviews of decisions made on applications for registration.

The Adjudication Group made recommendations on the equivalence of internships from third countries for doctors seeking registration to the General Division with an exemption from the PRES. Internships from Australia, New Zealand and Pakistan, where the internship was completed after 1st January 2009, were accepted as meeting Council's standards.

### Publish and implement new Registration Rules

Revised rules for Registration were published in June 2011. Rules for the establishment of the Supervised Division were published in July 2011.

### Criteria for Specialist Registration

Following a decision of Council in October 2010 a review of Postgraduate Training Body processes regarding the assessment of applications to the Specialist Division was undertaken in 2011 with a view to standardising the criteria for assessment of these applications, thereby ensuring their compliance with EU/ EEA legislation (EU Directive 2005/36/EC) and the MPA 2007. This project will continue in 2012.

### Code of Conduct

The findings from the Code of Conduct project will be largely incorporated into the above review and is focused on the non-standards applications for entry to the Register by non automatic applications under EU/ EEA law.

### Engagement with Stakeholder Groups

The Executive attended a number of meetings with various national and EU Union fora relating to the EU Commission's proposed revision of EU Directive 2005/36/EC. Arising from this, the

Medical Council submitted a formal response to the Commission's Green Paper and also endorsed the network of medical competent authorities' joint response.

Ongoing engagements with the HSE, Postgraduate Training Bodies and Medical Manpower Managers in relation to all relevant matters concerning registration, in particular to the Supervised Division, took place throughout 2011.

### The Register

The Council makes twice-daily updates from its Register to the website which is the most current version of the Register available. If a member of the public wishes to obtain a copy of the Register, it can also be produced and provided to them in PDF format, on request. The Register is published in a format which complies with the Medical Practitioners Act 2007 and its section 11 Rules Specifying Particulars to be Contained in the Register.

### Committee structure and remit

The Standards in Practice Committee (SiPC) considered and approved recommendations on behalf of Council or made recommendations to Council on issues of importance, including the Ethics Working Group "Report of Research into Doctors' Interactions with Pharmaceutical and Medical Device Companies in Cork, Ireland".

# Performance against Strategic Objectives

(Continued)

## Strategic Objective 3:

Set and monitor standards for maintenance of professional competence

### Publication of Rules for Maintenance of Professional Competence

In January, the Medical Council made and published new rules for the maintenance of professional competence. This followed a period of extensive consultation in 2010. The rules defined the standards for doctors to follow so as to satisfy the Medical Council that knowledge and skill is being kept up-to-date. For most doctors, this involves pursuit of a scheme operated by a recognised body to support their maintenance of professional competence. The rules also set out standards for bodies seeking recognition by the Medical Council for the purpose of making an arrangement with it to operate a professional competence scheme.

### Recognition of Bodies and making of arrangements to operate professional competence schemes

In March 2011, the Medical Council announced details of the 13 Postgraduate Training Bodies which were recognised to operate professional competence schemes for doctors. The rules, published in January, included the framework of standards against which the Bodies were recognised. Arrangements made with each



30th March 2011, Ceremony of Accreditation of Postgraduate Training Bodies to operate Professional Competence Schemes.

Body setting out roles and responsibilities for operating the schemes and arrangements for monitoring performance have been published on the Medical Council website. Recognition and making of arrangements marked a

significant development in continuum of medical education and training in Ireland and the role of Postgraduate Training Bodies which was marked by the Medical Council with a recognition ceremony held at Kingram House.

# Performance against Strategic Objectives

(Continued)

## Engagement with stakeholders and Communications to support establishment of professional competence schemes

The new duty for doctors to maintain professional competence came fully into effect in May 2011. The Medical Council now oversees doctors to ensure that knowledge and skills is being kept up to date. This new duty and new aspect to the relationship with the Medical Council throughout their professional lives is a major step change in doctors continuing practise. To ensure that the reason for these changes and the implications for doctors were fully understood, the Medical Council engaged in a vigorous communication campaign in 2011, highlights of which included: widespread coverage of the issue of professional competence in the medical media, with over 60 articles in the medical press in addition to mention of the issue in national publications; a Medical Council conference, **'Maintaining Competence, Maintaining Trust'**, attracting 450 attendees and 200 more delegates who viewed online; regular updates to the Professional Competence section of the Medical Council website to keep doctors informed of developments as well as provision of hard copy guidelines to each doctor; and frequent communication with stakeholders to keep them informed and engaged with the issue of professional competence. A series of cross sectional surveys tracked doctors' knowledge of professional competence during the year and demonstrated a positive impact from the communications.



Ms Caroline Spillane (CEO), Minister for Health Dr James Reilly, Dr Anna Clarke (Vice-President) and Professor Kieran Murphy (President).



Speakers and delegates at "Maintaining Competence, Maintaining Trust" Conference, 8th April 2011

# Performance against Strategic Objectives

(Continued)

## Design and development of performance procedures

While much of Q1 and Q2 2011 were focused on new arrangements to support maintenance of professional competence, commencement of Part 11 of the Medical Practitioners Act also provided the Medical Council with new powers to respond to concerns about doctors'

performance through assessment and ensuring action to support good professional practice. The Medical Council worked with the UK's National Clinical Assessment Service (NCAS) to learn from its extensive experience as a leading edge organisation in assessing doctors whose performance is a cause of concern. Its experience, and the methods and tools used

by NCAS were adapted by the Medical Council to design and develop new performance procedures relevant to its own regulatory context and to the practice of medicine in Ireland.

## Selection and training of new assessors for performance procedures

Central to these new procedures is a workplace-based assessment of a doctor's performance in practice which is conducted by specially selected and trained assessors. In Q2 and Q3 2011, the Medical Council carefully selected a trained medical and non-medical assessors which were subsequently appointed to an Assessor Sub-Committee to be available to undertake performance assessment as part of the new procedures.

## Making further rules to establish new performance procedures

With the new procedures designed and developed, and trained assessors in place, in Q4 2011 the Medical Council consulted on and subsequently made further rules for the maintenance of professional competence.

These further rules define the categories of doctor to whom the procedures apply as well as the procedures and activities which follow. With these rules in place, the Medical Council's new performance procedures became operational in December 2011.



Professor Alastair Scotland, Dr John McAdoe, Dr Alison Reid, Ms Caroline Spillane (CEO), Dr Tony Holohan, Professor Kieran Murphy (President).

# Performance against Strategic Objectives

(Continued)

## Strategic Objective 4:

Take appropriate action to protect the public where standards are not met by individual practitioners

### Management of Preliminary Proceedings Committee functions

Complaints against registered doctors continued to be investigated in an efficient and transparent manner by the Preliminary Proceedings Committee (PPC) with the management of approximately 32 new complaints per month in 2011 compared to 30 complaints in the previous year. A total of 380 new complaints were received in 2011, representing a 5% increase from 2010. The PPC made decisions in relation to 367 complaints and referred 39 complaints to the Fitness to Practise Committee (FTPC) for inquiry.

PPC processes and procedures were continually reviewed and following an Opinion of Senior Counsel, recommendations for revisions commenced.

A panel of mediators to support PPC processes was established in 2011 and guidelines were published. Three investigators, to assist the PPC, were appointed under section 58 of the MPA 2007 by Council.

### Fitness to Practise Inquiries

The inquiry caseload continued to be managed by the FTPC which, during the course of the year heard 37 inquiries over 71 days of which there were ten separate Call-over meetings to hear preliminary issues arising in respect of the inquiries.

Following conclusion of these inquiries the Medical Council made decisions to cancel the registration of eight registered doctors and impose conditions on six. Fifteen doctors were sanctioned in relation to their professional practise or poor professional performance and Advised, Admonished or Censured by Council.

### Ethical Guide

The Ethics Working Group conducted a review of relationships between practising doctors and industry and will make recommendations to Council in 2012.

A joint project with the Pharmaceutical Society of Ireland commenced in 2011 to develop guidance for doctors and pharmacists on prescribing and dispensing.

### Monitoring Group

The Monitoring Group continued to monitor doctors with conditions attached to their registration and to facilitate compliance with these conditions. As at January 2011 twenty three doctors were taking part in monitoring processes and by end of December, nineteen were actively involved with the Monitoring Group.

### Legal Advice to Council and Other Sections

The Professional Standards Section continued to provide legal advice to Council and the organisation on all matters relating to the Council's statutory functions, obligations and duties and on powers under the 2007 Act. Specifically, legal advice in relation to the establishment of the Supervised Division under the provisions of the Medical Practitioners (Amendment) Act 2011, English language requirements under the provisions of EU Directive 2005/36/EEC and Audit of the Medical Practitioners Act 2007 was provided in 2011.

### Health Sub-Committee

The Health Sub-Committee continued to provide advice to Council on matters relating to doctors with relevant medical disabilities. The underlying principle behind the establishment of this Sub-Committee is to support doctors in the maintenance of their registration during illness and recovery, where there is no patient risk that could be subject of a complaint.

The Health Sub-Committee continued to offer its support and advice to doctors who were referred by Council, who provided undertakings to the FTPC (section 67), were referred by third parties or who self referred in 2011.

# Performance against Strategic Objectives

(Continued)

## Strategic Objective 5:

Engage proactively with the public, the profession and other stakeholders

### Communications Strategy 2011

The Communications Strategy for 2011 encompassing proactive engagement with the public, profession and other stakeholders was developed and implemented with strategic direction provided by the Communications and Research Group.

### Online

The Medical Council website, [www.medicalcouncil.ie](http://www.medicalcouncil.ie) is the primary communications resource for the public, profession and stakeholders. There were approximately 450,000 visits to the website in 2011 which was continuously updated in line with the information needs of various audiences. The website contains information on the Council's work at strategic level, including business plans and summary minutes of Council meetings, in addition to information on the Council's operational level activities. Information on registration requirements was the most popular site content in 2011. Monitoring of website visits was conducted to assess areas where website content could be updated and improved.

To engage with the medical profession on the introduction of new statutory professional competence requirements, the Medical Council website was updated on a regular basis with written and interactive content to improve doctors' awareness levels of their new legal duties. A Medical Council conference on the subject of professional competence was held in the Croke Park conference centre and streamed live on the Medical Council website. In addition to 450 delegates attending the event, approximately 200 delegates watched the event online. Information, video casts and excerpts from this conference are available on the Medical Council [website](#).

The Medical Council issued four E-newsletters in 2011 covering a range of different themes relevant to the profession including the revised Registration and Professional Competence Rules, the NCHD doctor registration process and details of schemes to maintain professional competence. Our E-newsletters are available to view on the Medical Council [website](#).

Subsequent to the video cast produced in 2010 in which Dr Deirdre Madden, Chair of the Ethics Working Group, introduced each section of the Ethical Guide, an audio cast on '[Section C of the Ethical Guide: Medical Records and Confidentiality](#)' was released in December 2011 as part of a series of video casts/audio casts delving deeper into each section of the Guide. As patients and doctors alike need to be aware

of rights to privacy and the requirements for confidentiality, this audio cast was aimed at both the profession and the public.



Comhairle na nDochtúirí Leighis  
Medical Council

## Confidentiality

Presented by Dr. Deirdre Madden BCL, LL.M, BL, PhD



Video cast on Section C of the Ethical Guide:  
Medical Records and Confidentiality – [Click here to view](#)

### Research

The Council engaged in a number of research projects in 2011 to assist in explaining various aspects of its role and also gain a more detailed understanding of its audiences.

A survey to assess Public Awareness and Confidence in the medical profession was published in April 2011. This research found that doctors were the most trusted profession in Ireland, while over 90% of those surveyed were satisfied with the performance of their doctor.

# Performance against Strategic Objectives

(Continued)

The Council's first Statistical Report was commissioned and launched at a press conference in July 2011. This report provided a more comprehensive view of the Council's functions, using key statistics to highlight the work undertaken throughout the Council, particularly in the areas of professional development, registration, and in setting and monitoring professional standards.

The Council is committed to undertaking research projects to inform the development of procedures and communications activities, and further research projects will be published in 2012.



Professor Kieran Murphy and Ms Caroline Spillane at the launch of the Annual Report 2010.

## Media

The Medical Council encouraged regular media coverage throughout the year by responding in a timely manner to queries and issuing relevant press releases.

In May 2011, new rules for the maintenance of professional competence came into effect, and an extensive programme of communications was undertaken to raise awareness of doctors' new statutory duty among the profession, the public and various stakeholders. Public relations activities resulted in positive press and broadcast coverage with an estimated media value of over €250,000.

The Medical Council continued its commitment to raising awareness of public fitness to practise inquiries, providing updates on forthcoming inquiries for the media and general public to attend. Interviews were secured in the national press and broadcast media on areas such as Council's registration and examination processes, complaints and inquiry statistics and public trust in the medical profession.

## Publications

The Council developed a range of publications in 2011. In addition to the 2010 Annual Report, annual business plan and Statistical Report, a suite of guides for doctors, employers and the general public on new professional competence

requirements were published to highlight the most prescient information for the respective audiences. All Council publications for 2011 are accessible via the Medical Council website.



All Council publications for 2011 are accessible via the Medical Council website.

# Performance against Strategic Objectives

(Continued)



Minister for Health, Dr James Reilly.



Dr John McAdoo, Council Member.

The Medical Council continued to be involved in a group established by the Ombudsman's Office to assist in the development of a website, Healthcomplaints, for members of the public which provides guidance on how to make a complaint/raise a concern about health and social care services in Ireland.

## Strengthening Communication and Collaboration within the Health System

The Medical Council was proactive in 2011 in communicating with a number of key stakeholder groups, representing patients, doctors, employers and other relevant organisations within the health system. A Stakeholder Engagement plan to maximise the effectiveness of our interactions with key groups was developed. Arising from the volume of engagements this plan is intended to monitor these interactions, measuring their value and setting a path for continued development of the ways in which we engage with these audiences in 2012.

The Conference entitled 'Maintaining Competence, Maintaining Trust' was opened by the Minister for Health, Dr James Reilly on 8th April 2011 in Croke Park Conference Centre. National and international speakers presented on a range of topics including the Experience of the New South Wales Medical Board, the NCAS Experience, Building a Culture of Patient Safety in Ireland and the Postgraduate Training Body Perspective.

Members of the Executive continued to communicate with advocacy groups, regulatory bodies and other organisations on areas of shared interest delivering presentations to a variety of groups and organisations over the year, including medical students, conference groups and Medical Manpower Managers, to illustrate the work of the Council.

The Tripartite group (Medical Council, HSE and Forum of Postgraduate Training Bodies) continued to meet in 2011 to discuss issues of mutual interest and solutions to these issues were implemented where appropriate.

The National Clinical Effectiveness Committee (NCEC) was established under the Patient Safety First initiative to "provide a framework for national endorsement clinical guidelines and audit to optimise patient care". The Head of Professional Competence represents the Medical Council on this Committee and ensures that its work links with the Medical Council's new role in ensuring that doctors maintain professional competence. A set of arrangements for prioritising and confirming national clinical guidelines to be recommended to the Minister were developed in 2011.

The Council's Head of Professional Standards & Legal Advisor is a member of the Irish Medicines Board's (IMB) Consultative Panel on the Legal Classification of Medicines which was established in 2011 to assist the IMB in their review of licensing of prescription only or over the counter medicines.

# Performance against Strategic Objectives

(Continued)

The Medical Council's CEO is a member of a Working Group on Retention of Medical Talent in Ireland, led by the Forum of Postgraduate Medical Training Bodies and the Advisory Group to the Minister for Health on the development of a new Specialist Grade.

## Engagements with elected representatives

Engagement with elected representatives is important in raising public awareness of the Council's role in protecting the public. The Council responded to numerous queries from elected representatives on behalf of constituents over a range of issues, from the registration of doctors to the complaints and inquiry process.

Meetings were held with health spokespeople on areas of interest and the Council made a presentation to the Joint Oireachtas Committee on Health and Children in October, outlining its work in the registration of non-consultant hospital doctors (NCHDs).

## Memoranda of Understanding

Patient safety is at the core of the Medical Council's remit and cooperation with other regulators on patient safety continued in 2011 with the signing of memoranda of understanding between the Medical Council and the Pharmaceutical Society of Ireland (PSI) and with the Irish Medicines Board (IMB). The memoranda provided a framework to assist the joint working of the Medical Council with these statutory regulators, ensuring maximum effectiveness regarding public safety and public health issues when carrying out their statutory functions.

Please click on the links below to view the memoranda.

### [Memorandum of Understanding between the Medical Council and the Pharmaceutical Society of Ireland](#)

### [Memorandum of Understanding between the Irish Medicines Board and the Medical Council](#)



PSI Registrar and Chief Executive Dr Ambrose McLoughlin, PSI President, Mr Paul Fahey, Medical Council President Professor Kieran Murphy, Medical Council CEO Ms Caroline Spillane.



Medical Council CEO Ms Caroline Spillane, IMB Chief Executive Pat O'Mahony.

# Performance against Strategic Objectives

(Continued)

## Strategic Objective 6:

Enable effectiveness through appropriate and efficient internal systems and processes

### Council processes

Following an audit of Council processes a recommendation to provide documentation in an electronic format only was approved, and since October 2011 the provision of paper documentation has ceased. Whilst this change in process was part of the Council's cost saving measures for 2011, it also enhanced the security of sensitive and confidential documentation provided to Council members via use of a secure Extranet system. Further development of this system and feasibility of its roll out to other Committees will be reviewed in 2012.

### Policy Group

The Policy Group was established in May 2011 to review the existing criteria, standards and guidelines for all Council business making recommendations to and advising the Medical Council on the discharge of Council functions or obligations under the provisions of the Medical Practitioners Act 2007. This Group discussed a number of issues in 2011 and made determinations on the Indicative Sanctions Guidance, and a Communications Policy covering media attention that arises out of Fitness to Practise Committee inquiries.

## Business Planning

The Business Plan for 2011 was developed by the Executive and approved by the Council on 18th January 2011. The Medical Council's Balanced Scorecard sets out the organisation's key objectives, targets and timescales over four quadrants, representing the main areas of the Medical Council's corporate focus and performance namely: Relationships with Stakeholders (public, profession and other stakeholders), Regulatory Systems and Processes, People (staff and Council) and Arrangements for Financial and Corporate Management.

Use of the scorecard provides both the Medical Council and its external stakeholders with a clear and straightforward mechanism for measuring the organisation's performance in the areas which are of greatest strategic importance in addition to which, quarterly update reports on the Business Plan are provided to Council for review.

The Business Plan and Budget for 2012 were prepared in Q4 2011 for approval by Council in January 2012. Through a series of workshops at Executive and Sectional level, the staff in the organisation were invited to input into the development of the Business Plan for 2012 which was put before Council in Q4 2011 for review and subsequent approval. This collaborative approach has encouraged members of staff to engage further in the process and to develop awareness of the organisation as a whole.

## Risk Management

A Risk Management Framework was developed in 2011 to identify and plan for issues that may impact on the successful delivery of the Medical Council's strategic and operational objectives and to support better decision making based on a clear understanding of risks and their likely impact. A generic framework was set out consisting of a series of simple but well defined steps to support ongoing risk management, and to raise the awareness of risk and the need to manage it consistently and effectively across all levels of the organisation.

This document has been reviewed and updated on a quarterly basis with risk a key agenda item at Medical Council, Audit Committee and other Committee and Executive meetings. In acknowledgement of the key importance of risk within the strategic functions of Council, a Chief Risk Officer reporting directly to Council was appointed in July 2011.

# Performance against Strategic Objectives

(Continued)

## Corporate Governance

The Corporate Governance Working Group completed a review of all Council governance documents including a Register of Legal Obligations, quarterly reviews of which will be undertaken to assess compliance with legislation relevant to how the Medical Council conducts its business. Latest versions of the Council's Code of Conduct, Standing Orders and Terms of Reference are available to the public and profession on the Council's website. In line with best practice in corporate governance a Self-Evaluation Governance Questionnaire was conducted in February 2011 to examine Council effectiveness, to reflect on achievements and to make suggestions for improvement. A developmental day for Council members took place in October 2011 at which topics including consistency in FTPC inquiries, risk management and corporate responsibility were discussed. These events provide a forum and space for members to discuss key learning topics and further develop subjects that arise throughout the year. Decisions and outcomes are built on following these learning events.

## Internal Audit

The Medical Council is fully committed to maintaining effective financial management and reporting. This is ensured through the operation of an internal audit function. Due to the size of the organisation this function is appropriately outsourced, with two internal audits conducted in 2011 focusing on the ICT function and a comprehensive review of internal financial controls.

## Revenue

The target of 3.33% diversity of revenue streams was exceeded in 2011. A medium term financial plan was developed in 2011 to map the Medical Council's financial structure enabling better planning in line with best practice. The budget for 2012 was prepared and presented to Council by the Audit Committee in December 2011.

## Human Resources

A review of HR Policies and Procedures was undertaken and training on the Performance Management Development System (PMDS) was completed in November 2011 with workshops for all staff facilitating the roll out of PMDS in January 2012. Once the PMDS reviews have been carried out an analysis will be conducted to inform an organisational Training and Development plan.

In line with the Croke Park Agreement and its directions a number of HR initiatives were implemented:

- a staff mobility policy was implemented to promote staff mobility and diversification, and this policy will continue to be implemented where possibilities to facilitate redeployment within equivalent grades arises
- an EO / CO Development Programme to develop staff in key areas was successfully delivered.
- a Staff Satisfaction Survey was conducted in Q2 2011 in line with the HR strand of internal communications and, arising from feedback received from this survey, the Internal Communications Group was established to make recommendations for improvement in this area. Targets for improvement were set and a repeat survey will be conducted in 2012.

## Internal Communications

The Internal Communications Group was established in 2011, with membership from a representative sample from all Sections of the organisation, and provided recommendations for improvements in internal communications.

# Performance against Strategic Objectives

(Continued)

## ICT Systems

The Supervised Division created a particular challenge in 2011 for which ICT systems needed to be developed and implemented within a very short timeframe, ensuring that information relating to applicant doctors' could be processed expediently to support the placement of doctors from India and Pakistan within the Irish healthcare system.

In conjunction with the HSE, an electronic share function was developed which provides the HSE with visibility of doctors qualified by Council as eligible for NCHD posts. The HSE utilises this system to allocate approved posts to doctors following which the Council can download the relevant information to internal ICT systems.

## Disaster Recovery and Business Continuity

After consultation with all Sections of the organisation, a comprehensive Disaster Recovery and Business Continuity Plan has been developed, the recommendations from which will be implemented in 2012. Planning for disaster is essential in ensuring that the continuity of business is attained in circumstances outside of normal occurrences i.e. flooding, ICT systems failure, breach of security and this plan has been developed to mitigate against any such disasters and ensure business continuity.

## Customer Service Audit

A Customer Service Audit conducted in Q4 2010, designed to explore responsiveness, quality of service, query resolution, quality of information and to deliver a greater depth of understanding regarding perceived strengths and weaknesses of the Medical Council in delivering on our principal functions, continued in 2011 with an analysis of the research and implementation of recommendations. A Comprehensive Customer Service Action Plan (CAP) has been established which sets out how the Council will deliver customer services, the methods we will use to meet the needs of our customers as well as setting a range of targets and SMART objectives.

## Procurement

The Medical Council is committed to meeting its obligations under the National Public Procurement Policy Framework. A number of procurement related initiatives were conducted in 2011 with a view to heightening procurement awareness and achieving value for money in all purchases of goods and services. In accordance with the Medical Council's corporate procurement plan, the Council conducted a review of purchasing processes, following which an electronic requisitioning system was implemented. The system allows multiple level interventions providing the procurement function with visibility of all purchases across all Sections of the organisation.

In 2011 an EU tender process for the provision of legal services was completed. Five companies qualified to proceed to tender stage and, following a comprehensive process the tender was awarded.

## Requisitioning and Supply System

In Q3 2011 the Council rolled out an integrated requisitioning and supply system which was designed to improve communication with suppliers and better manage purchasing activities. This system provides visibility of all purchasing activity enabling the achievement of cost savings and extended warranties, which provide for better contract performance.

## Fixed Asset Managing System (FAM)

A Fixed Asset Management System was implemented in Q3 2011. The FAM system provides greater visibility of assets and achieves smoother, lower cost audits, reduced administrative costs and more accurate financial accounting of Medical Council assets. The information recorded via the FAM system provides for detailed analysis and valuable reporting to assist Council in development of future strategies.

# Medical Council Executive

The Medical Council staff work in the seven divisions of the Executive each of which is led by a Head of Section.

The staff of the Council are a dedicated, skilled and dynamic workforce and are key contributors to the achievement of the Council's strategic objectives (these individual members of the team are listed under the relevant operational Sections).

The Chief Executive Officer is appointed to manage and co-ordinate the administration and business of the Council and to perform any other functions that may be delegated by the Council. The CEO is responsible for the day-to-day activities of the Council with the assistance of a management team comprised of the Heads of Section (Registration, Professional Standards, Education & Training, Professional Competence, Finance, Operations & ICT and the Secretary to Council & Head of Corporate Services).



**Ms Caroline Spillane**  
Chief Executive Officer



**Mr Marcus Balfe**  
Head of Finance



**Mr Philip Brady**  
Head of Registration



**Dr Anne Keane**  
Head of Education & Training



**Mr William Kennedy**  
Legal Advisor & Head of  
Professional Standards



**Dr Paul Kavanagh**  
Head of Professional Competence



**Ms Lisa Molloy**  
Head of Corporate Services &  
HR and Secretary to Council



**Mr Jim McDermott**  
Head of Operations & ICT



# Office of the CEO and Communications

**The Office of the CEO and the Communications function sits within the Office of the CEO.**

**The CEO has overall responsibility for implementing the decisions of the Medical Council.**

The duties of the CEO include:

- maintaining a dialogue with the President on important and strategic issues
- ensuring that the Council has timely and accurate information to fulfil its statutory objectives and functions
- working with the President to develop the Medical Council's strategy and overall objectives
- implementing the Medical Council's annual business and corporate plans
- advising the Council on legal/statutory/procedural issues pertaining to the Council's statutory responsibilities

- ensuring that risk identification, measurement and mitigation strategies are in place
- the effective administration of the Council including ensuring that an appropriate organisational structure is in place and is adequately resourced
- representing the Council in public when so required, on request of the President and with the approval of the Council
- approving, in consultation with the President, decisions to respond to cases brought to the courts under the MPA 2007
- presentation of evidence at the Fitness to Practise Committee.

In line with the strategic objective of proactive engagement with the public, profession and other stakeholders, the Communications function has responsibility for the development and implementation of comprehensive strategies for engagements with these three groups. Arising from this objective, the function coordinates and manages all aspects of Medical Council communications including: overseeing communications with the public, profession and

other stakeholders, including the development of messaging for use in media relations work, the Medical Council website and various publications, managing media relations and public affairs on behalf of the Council, President and CEO, and advising on the development of materials for internal and external communications.

## Communications and Research Group

The Communications and Research Group, chaired by the CEO, meets on a weekly basis to assess internal and external strategic communications with the public, profession and other groups, including media relations and public affairs.

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**Caroline Spillane**  
CEO

**Lorna Farren**  
Senior Executive Officer

**Jana Tumova**  
Clerical Officer

# Registration

The Registration Section supports the Council's functions in supporting doctors in attaining and maintaining their registration on the appropriate division of the Register of Medical Practitioners. This function includes the processing of applications for general, specialist, trainee specialist, supervised, visiting EEA and internship registration; implementation of policies and decisions set by the Registration Working Group and the Standards in Practice Committee; maintenance of the Register and assisting with registration-related queries.

## Registration-related Committees and Working Groups:

- [Standards in Practice Committee \(SiPC\) - Dr Anna Clarke, Chair](#)

The Standards in Practice Committee is responsible for setting standards in respect of the registration, practice and assessment of registered doctors to include issues relating to the health, remediation and professional competence assessment of individuals.

- Registration Working Group (RWG) - Dr Anna Clarke, Chair

The role of the Registration Working Group is to set the standards for the registration of individual registered doctors, report to and make

recommendations to the Standards in Practice Committee where appropriate.

For more information on Registration, please [click here](#).



Staff from the Registration Section.

**Philip Brady**  
Head of Section

**Susan Barr\***  
Executive Officer

**David Griffith**  
Executive Officer

**Mary Atkinson**  
Executive Officer

**Donagh O'Doherty**  
Clerical Officer

**Ann Curran**  
Senior Executive Officer

**Katie Charmant**  
Executive Officer

**Patricia Whyte**  
Executive Officer

**Fiona White\*\*\***  
Executive Officer

**Marian O'Connor**  
Clerical Officer

**Eoin Keehan**  
Senior Executive Officer

**Robert McGrattan\*\***  
Clerical Officer

**Deirdre Brennan**  
Clerical Officer

**Sebastian Chacko**  
Clerical Officer

**Elva Tarpey**  
Clerical Officer

**Alan Armstrong**  
Executive Officer

**Ann Giblin**  
Executive Officer

**Jessica Wu**  
Executive Officer

**Teresa Byrne**  
Clerical Officer

**Carol Fitzgerald**  
Clerical Officer

\* Retired July 2011

\*\* Providing Maternity cover for Mary Atkinson

\*\*\* Providing Maternity cover for Katie Charmant

# Education and Training

The Education and Training Section support the Council's functions in setting and monitoring standards in undergraduate, intern and postgraduate education and training in Ireland. This includes accreditation of undergraduate and postgraduate programmes and bodies; determining which specialties should be recognised; producing criteria and guidelines on a range of education and training issues (including ethical standards and behaviour for medical students, curriculum issues and content and the awarding of qualifications). Its monitoring functions include the inspection of universities, medical schools, and clinical training sites, both hospital and community-based. The Section also administers the Pre-Registration Examination System (PRES) and exams specified for entry to the Supervised Division of the Register.

## Education and Training-related Committees and Working Groups:

- Professional Development Committee (PDC) - Professor William Powderly, Chair

The Professional Development Committee is responsible for the implementation of Council's policy for medical education in Ireland. The PDC strives to ensure the quality of medical education and training by establishing national standards and guidelines and then assessing their delivery by universities and medical schools, postgraduate training bodies and clinical training sites. This inspection is undertaken by teams mandated by the Medical Council to undertake this assessment.

- Intern Training Sub-Committee (ITSC) - Professor Diarmuid O'Donoghue, Chair

Reporting to the PDC, the Intern Training Sub-Committee is a focal point for the development of intern training criteria, standards and guidelines as required by section 89(3) of the Medical Practitioners Act 2007 (MPA). In recognition of the importance of this transitional year, membership of this group consists of nominees from the Medical Council, the Health Service Executive, the Council of Deans of Faculties with Medical Schools of Ireland, the Forum of Irish Postgraduate Medical Training Bodies, Trainees and a Patient Advocate.

- Pre-Registration Examination System Sub-Committee (PRES SC) - Professor William Powderly, Chair

Reporting to the PDC, the PRES SC is the focal point for the review and development of the PRES Level 2 and Level 3. It advises PDC on examination standards and acts as the Examinations Board before and after each sitting of the PRES Level 3. The Sub-Committee supports the Council's work in determining by examination whether doctors applying for registration possess the necessary competencies to register and to practise in Ireland.

- Examination for the Supervised Division Working Group (ESDWG) - Chaired by Council members on a rotational basis

Reporting to the PDC, the ESD Working Group is the focal point for the review and development of the ESD Level 2. It advises PDC on examination standards and acts as the Examinations Board before and after each sitting of the ESD Level 2. The Working Group supports the Council's role in determining by examination whether doctors proposed by the Health Service Executive for the Supervised Division possess the necessary competencies to register and to practise in their specialty in Ireland.

# Education and Training

(Continued)

- [Standard Setting Sub-Committee \(SS SC\)](#)

Reporting to the PDC, the primary focus of the Standard Setting Sub-Committee is to ensure that criteria, standards and guidelines for medical education and training are up to date, and that new standards are developed. The Sub-Committee was established in April 2011 and will first meet in 2012 following the handover of functions from relevant Committees.

- [Standard Monitoring Sub-Committee \(SM SC\)](#)

Reporting to the PDC, the primary focus of the Standard Monitoring Sub-Committee is to oversee Council's work of ensuring that criteria, standards and guidelines are being implemented. Its role is to ensure that Council teams undertaking inspections are able to effectively complete their assessment. The Sub-Committee was established in April 2011 and will first meet in 2012 following the handover of functions from relevant Committees.

For more information on Professional Development and Education and Training, please click [here](#).



Staff from the Education and Training Section.

**Anne Keane**  
Head of Section

**Paul Lyons**  
Senior Executive Officer

**Karen Willis**  
Senior Executive Officer

**Elizabeth Molloy**  
Executive Officer

**Emmet Murray**  
Executive Officer

**Ruth Thompson**  
Executive Officer

**Aoife Fitzsimons**  
Clerical Officer

**Rebecca Lonsdale**  
Clerical Officer

# Professional Standards

In line with the strategic objective of taking appropriate action to protect the public where standards are not met by individual doctors, the Professional Standards Section has responsibility for the handling of complaints in a timely and transparent manner; corresponding with complainants and doctors about whom complaints have been made; organising, supporting and facilitating effective inquiries into the conduct, fitness to practise, poor professional performance and/ or relevant medical disability of doctors; drafting guidelines and carrying out investigations.

In carrying out its functions, this Section supports the work of the Preliminary Proceedings Committee (PPC) and the Fitness to Practise Committee (FTPC).

## Professional Standards-related Committees and Working Groups:

- Preliminary Proceedings Committee (PPC)  
- Mr Frank McManus, Chair

The Preliminary Proceedings Committee was established pursuant to section 20 of the Medical Practitioners Act 2007 'to give initial consideration to complaints' against registered doctors and can:-

- Form the opinion that there is no further action to be taken in relation to a complaint
- Refer complaints to the Fitness to Practise Committee for inquiry
- Provide an opinion to Council that the complaint be referred to another body or authority
- Provide an opinion to Council that the complaint be referred to a professional competence scheme
- Provide an opinion to Council that the complaint, with the consent of the parties, be resolved by mediation

A total of 380 complaints were received in 2011.

- Fitness to Practise Committee (FTPC)  
- Professor James Slevin, Chair. (Replaced by Dr Daniel O'Hare in June 2011 following his resignation from Council)

Inquiries are heard by a Fitness to Practise "Panel" which is made up of three members of the Fitness to Practise Committee, two non-medical people and one doctor. The Chairperson of the Inquiry Panel is a member of the Medical Council and is responsible for making sure that the inquiry is conducted in accordance with fair procedures. In order to ensure effective and efficient case management the FTPC holds regular "Callover meetings" where dates are fixed for inquiries and any preliminary applications can be made (i.e. for the inquiry to be held in private or public).

- Health Sub-Committee (H SC)  
- Dr Richard Brennan, Chair

The Health Sub-Committee was established by Council under section 20 of the Act to support doctors with relevant medical disabilities and those who have provided undertakings to the Fitness to Practise Committee to undergo medical treatment. The HSC addresses issues that are referred by the Standards in Practice Committee and subsequently provides health advice to doctors.

# Professional Standards

(Continued)

- **Ethics Working Group (EWG)**

- Dr Deirdre Madden, Chair

The Ethics Working Group gives guidance to the profession on all matters relating to professional conduct and behaviour and has continued to progress further work on ethical issues which require additional consideration in collaboration with other relevant stakeholders. Please click [here](#) to read the Medical Councils' Guide to Professional Conduct and Ethics for Registered Medical Practitioners.

- **Monitoring Working Group (MWG)**

- Ms Mary Culliton, Chair

The Monitoring Working Group's primary function is to monitor a doctor's compliance with conditions attached to their registration following sanction by the Medical Council.

For more information on Professional Standards and on making a complaint about a doctor please click [here](#).

To view our recently published audio cast on 'Section C of the Ethical Guide: Medical Records and Confidentiality', please click [here](#).

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**William Kennedy**

Head of Section

**John Sidebottom**

Senior Executive Officer

**Finola O'Dwyer**

Senior Executive Officer

**Jane Horan**

Executive Officer

**Roslyn Whelan**

Executive Officer

**Amanda McGuinness**

Clerical Officer

# Professional Competence

The Professional Competence Section is responsible for developing and implementing a system for the regulation of the maintenance of professional competence in line with Council policy. This will be achieved through establishing, operating and monitoring schemes for the maintenance of professional competence applicable to all registered doctors and schemes for the assessment of professional performance in response to specific concerns regarding individual registered doctors.

## Professional Competence-related Committees and Working Groups:

- [Professional Competence Committee \(PCC\)](#) - Dr David O'Keeffe, Chair

The formation of a Professional Competence Committee was agreed by Council at its meeting on 9th December 2010 to direct and oversee the Council's duties under Part 11 of the Medical Practitioners Act 2007 (MPA2007) – Maintenance of Professional Competence.

- Assessor Sub-Committee (ASC) - Dr David O'Keeffe, Chair

The Assessor Sub-Committee comprises medical and non-medical assessors who have been selected, trained and nominated to conduct performance assessments and produce reports for the consideration of the PCC.

For more information on Professional Competence, assessment and related schemes, please click [here](#).

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**Paul Kavanagh**  
Head of Section

**Jan Fitzpatrick**  
Senior Executive Officer

**Fergal McNally**  
Senior Executive Officer

**Gráinne Behan**  
Executive Officer

**Anne Jensen**  
Executive Officer

**Sarah Lowther**  
Clerical Officer

# Financial Governance

In line with the strategic objective of optimising the use of Medical Council resources, the Finance Section is responsible for the management of the finances of the Medical Council in a prudent and efficient manner, ensuring that the Council fulfils its legislative requirements and applies best practice to the governance of its affairs, maintaining appropriate levels of reserves, managing exposure to risk and diversifying the Council's revenue streams.

## Finance-related Committees and Working Groups:

- Audit Committee (AC)  
- Professor Damien McLoughlin, Chair

The Medical Council has an Audit committee which is responsible for providing a framework for accountability; for examining and reviewing all systems and methods of control both financial and otherwise including risk analysis and risk management; and for ensuring the Medical Council is complying with all aspects of the law, relevant regulations and good practice. The external auditor meets periodically with the Committee to brief them on the outcome of the external audit. The Medical Council's internal auditor conducts annual reviews of internal financial controls.

- Corporate Governance Working Group (CGWG) - Professor James Slevin, Chair

The Corporate Governance Working Group reports to the Audit Committee. The role of the Corporate Governance Working Group is to ensure the Medical Council complies with all aspects of the law, relevant regulations and good practice in relation to corporate governance. The life of the Corporate Governance Working Group came to an end in September 2011 following completion of the series of corporate governance documentation.

- Remuneration Working Group (RWG)  
- Mrs Anne Carrigy, Chair

The Remuneration Working Group reports to the Audit Committee. The Remuneration Working Group meet when required to review matters relating to the remuneration of Council members and the CEO and make recommendations to the Audit Committee.

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**Marcus Balfe**  
Head of Section

**Iain Mathews**  
Finance Manager

**Breid Foster**  
Senior Executive Officer

**Cilla Hickey**  
Executive Officer

**LeAnne Byrne**  
Executive Officer

# Corporate Services and Human Resources

The Corporate Services and HR Section, as directed by the Head of Corporate Services & HR and Secretary to Council, provide support to achievement of the strategic and operational objectives by enabling effectiveness through appropriate and efficient internal systems and processes. This support includes liaison and meeting support to Council, responsibility for advising on and ensuring compliance with legislative requirements, managing the Freedom of Information function, managing corporate events for the Council and co-ordinating and managing all aspects of publications, E-newsletters and Video casts.

Following an audit of Council processes, the recommendation to provide documentation in an electronic format only was approved, and since October 2011 the provision of paper documentation has ceased.

In accordance with the objective to ensure a focus on excellence in people management and personal development an internal HR function was formally established and management of this function was assigned to the Head of Corporate Services in 2011. The development of a comprehensive HR Strategy commenced and a review of HR policies and procedures and the establishment of a Performance Management Development System (PMDS) have been undertaken.

## Corporate Services related Committees and Working Groups:

- Nominations Sub-Committee (N SC) - Professor Kieran Murphy, Chair

The role of the Nominations Sub-Committee is to ratify appropriate individuals, not being members of Council or Council staff, for membership to Council Committees and Working Groups. When ratified by the Nominations Sub-Committee, the names will be put before Council for approval and then recorded in the Council minutes.

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**Lisa Molloy**  
Head of Section & Secretary to Council

**Ciara McMorrow**  
Senior Executive Officer

**Barbara O'Neill**  
Executive Officer

**Louise Connelly\***  
Clerical Officer

**Belinda Keegan\*\***  
Clerical Officer

**Claire Lako**  
Clerical Officer

**Jennifer Magill**  
Clerical Officer

**Aoise O'Reilly**  
Clerical Officer

\* Replaced by Jennifer Magill in June 2011

\*\* Providing maternity cover for Claire Lako

# Operations and ICT

The Operations & ICT function enables the Council to achieve one of its key objectives i.e. to implement appropriate information and communication technologies (ICT) to support ongoing operations. The Operations & ICT Section achieves this through the delivery of technology operations and services to the business and by overseeing technology related changes to operational and business processes. Other ICT responsibilities include system conversion, infrastructure upgrades, project management and system maintenance. Related activities include inventory control, managing purchases and stock, quality control and storage.

## ICT and Operations related Committees and Working Groups:

- ICT Sub-Committee (ICT SC)  
- Ms Eileen Fitzgerald and Mr Jean-Christophe Displat on a rotational basis, Chair

The ICT Sub-Committee was established in March 2011 and provides advice and guidance to the Audit Committee on matters relating to the governance of ICT, in particular with regard to ICT budgets, the monitoring of ICT delivery on projects and performance of day to day or operational activities.

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**Jim McDermott**  
Head of Section

**Deirdre Hardiman\***  
Executive Officer

**John Cussen**  
Executive Officer

**Maureen Bradley-Vardy**  
Clerical Officer

**Nicola Hodgkinson**  
Clerical Officer

**Derek O'Connor**  
Service Officer

\* Replaced by John Cussen in September 2011

# Comptroller and Auditor General Report for presentation to the Houses of the Oireachtas

## The Medical Council

I have audited the financial statements of the Medical Council for the year ending 31 December 2011 under the Medical Practitioners Act 2007. The financial statements, which have been prepared under the accounting policies set out therein, comprise the Accounting Policies, the Income and Expenditure Account, the Statement of Total Recognised Gains and Losses, the Balance Sheet, the Cash Flow Statement and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and Generally Accepted Accounting Practice in Ireland.

## Responsibilities of the Members of the Council

The Council is responsible for the preparation of the financial statements, for ensuring that they give a true and fair view of the state of the Council's affairs and of its income and expenditure, and for ensuring the regularity of transactions.

## Responsibilities of the Comptroller and Auditor General

My responsibility is to audit the financial statements and report on them in accordance with applicable law.

My audit is conducted by reference to the special considerations which attach to State bodies in relation to their management and operation.

My audit is carried out in accordance with the International Standards on Auditing (UK and Ireland) and in compliance with the Auditing Practices Board's Ethical Standards for Auditors.

## Scope of Audit of the Financial Statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements, sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of

- Whether the accounting policies are appropriate to the Council's circumstances, and have been consistently applied and adequately disclosed
- The reasonableness of significant accounting estimates made in the preparation of the financial statements, and
- The overall presentation of the financial statements.

I also seek to obtain evidence about the regularity of financial transactions in the course of audit.

In addition, I read the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

## Opinion on the Financial Statements

In my opinion, the financial statements, which have been properly prepared in accordance with Generally Accepted Accounting Practice in Ireland, give a true and fair view of the state of the Council's affairs at 31 December 2011 and of its income and expenditure for the year then ended.

In my opinion, proper books of account have been kept by the Council. The financial statements are in agreement with the books of account.

## Matters on which I report by exception

I report by exception if

- I have not received all the information and explanations I required for my audit, or
- My audit noted any material instance where moneys have not been applied for the purposes intended or where the transactions did not conform to the authorities governing them, or

# Comptroller and Auditor General Report for presentation to the Houses of the Oireachtas

(Continued)

- The information given in the Council's Annual Report for the year which the financial statements are prepared is not consistent with the financial statements, or
- The Statement on Internal Financial Control does not reflect the Council's compliance with the Code of Practice for the Governance of State Bodies, or
- I find there are other material matters relating to the manner in which public business has been conducted.

I have nothing to report in regard to those matters upon which reporting is by exception.



.....  
**Andrew Harkness**

for and on behalf of the Comptroller  
and Auditor General  
30th March 2012

# Statement of Council Responsibilities

**Section 32 of The Medical Practitioners Act 2007 requires the Council to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Council and of the income and expenditure for that year. In preparing these financial statements, the Council is required to:**

- select suitable accounting policies and apply them consistently
- make judgements and estimates that are reasonable and prudent
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Council will continue in operation
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements

The Council is responsible for keeping proper books of account which disclose with reasonable accuracy at any time the financial position of the Council and which will enable it to ensure that the financial statements comply with section 32 of the Medical Practitioners Acts 2007. The Council is also responsible for safeguarding the assets of the Council and hence taking reasonable steps for the prevention of fraud and other irregularities.

Approved by the Council on 13th March 2012 and signed on its behalf by



.....  
**Professor Kieran C Murphy**  
President



.....  
**Caroline Spillane**  
Chief Executive Officer



# Statement on Internal Financial Control

## Responsibility for system of internal financial control

On behalf of the Council I acknowledge our responsibility for ensuring that an appropriate system of internal financial control is maintained and operated.

The system can only provide reasonable and not absolute assurance that assets are safeguarded, transactions authorised and properly recorded and material errors or irregularities are either prevented or would be detected in a timely period.

## Key Control Procedures

The Council has taken steps to ensure an appropriate control environment by:

- Establishing a dedicated Audit Committee chaired by a Council member other than the President;
- Clearly defining management responsibilities and powers;
- Appointment of internal auditors;
- Developing a culture of accountability at all levels of the organisation.

## The Council has established processes to identify and evaluate business risks by:

- Identifying the nature, extent and financial implication of risks facing the organisation including the extent and categories which it regards acceptable;
- Assessing the likelihood of identified risks occurring;
- Working closely with the Department of Health and other Government departments and agencies to ensure support for achieving the goals of the Medical Council.

The system of internal financial control is based on a framework of regular management information, administration procedures including segregation of duties and a system of delegation and accountability. In particular it includes:

- A comprehensive budgeting system with an annual budget which is reviewed and agreed by the Council;
- Regular reviews by the Council of periodic and annual financial reports which indicate performance against forecasts;
- Setting targets to measure financial and other performance;
- Compliance with public procurement policies and directives.

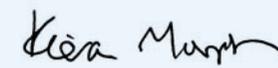
- An Internal Audit function which has been in place since 2005. The Internal Auditors operate in accordance with the Framework Code of Practice for the Governance of State Bodies. The function is overseen by the Audit Committee.

## During the year ended 31st December 2011 the following controls were reviewed/implemented:

- Monthly management accounts with explanation of significant deviations from budget;
- Annual Accounts for 2010 with explanation of significant variances;
- Annual budget plan for 2011;
- Internal audit performed by Mazars Accountants on internal financial controls and ICT including the new Registration System.

The Council conducted a review of the effectiveness of the system of internal financial control for the year ended 31st December 2011.

Signed on behalf of the Medical Council



.....  
**Professor Kieran C Murphy**

President

Dated: 13th March 2012

## Code of Practice for the Governance of State Bodies

I wish to confirm that the Medical Council is complying with the Code of Practice for the Governance of State Bodies. The Council has adopted an Internal Audit Charter and Terms of Reference for the Audit Committee, which was established in 2004. In accordance with the Code of Practice I wish to confirm that:

- All appropriate procedures for financial reporting, internal audit, procurement and assets' disposals are being carried out;
- A statement on the system of internal financial control is included with the financial statements in this report;
- Codes of Conduct for Council members and employees have been put in place and adhered to;
- Government policy on the pay of the Chief Executive Officer and all members of the Council is being complied with;
- The Medical Council pays allowances to eligible Council members and reimburses travel expenses in accordance with public sector guidelines;
- There are no significant post balance sheet events to report;
- The Guidelines for the Appraisal and Management of Capital Expenditure Proposals are being complied with;
- The Council's obligations under taxation laws are being complied with.

Signed on behalf of the Medical Council



.....  
**Professor Kieran C Murphy**

President

Dated: 13th March 2012

# Accounting Policies

for the year ended 31st December 2011

## Basis of Preparation

The financial statements are prepared in accordance with generally accepted accounting principles under the historical cost convention as modified by the revaluation of land and buildings and comply with financial reporting standards of the Accounting Standards Board, as promulgated by Chartered Accountants Ireland. The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the financial statements.

## Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost or at valuation, less accumulated depreciation. The charge to depreciation is calculated to write off the original cost or valuation of tangible fixed assets, less their estimated residual value, over their expected useful lives as follows:

Buildings	- 2% straight line
Office equipment	- 20% straight line
Fixtures and fittings	- 12.5% straight line
Computer equipment and software development	- 33.3% straight line

The premises at Lynn House are subject to a policy of revaluation every 5 years with an interim valuation in year 3 per FRS 15

Accounting for Fixed Assets. The premises were valued at an open market basis at 31st December 2009 (Note 5).

It is the policy of the Medical Council to revalue its Artwork fixed assets every 5 years.

Software development costs on major systems are treated as capital items and are written off over the period of their expected useful life from the date of their implementation.

## Investments

Investments held as fixed assets are stated at their market value. Any surplus or deficiency is accounted for through the statement of total recognised gains and losses and the income and expenditure account respectively. Income from investments together with any related withholding tax is recognised in the income and expenditure account in the year in which it is receivable.

## Foreign currencies

Monetary assets and liabilities denominated in foreign currencies are translated at the rates of exchange ruling at the balance sheet date. Transactions, during the year, which are denominated in foreign currencies are translated at the rates of exchange ruling at the date of the transaction. The resulting exchange differences are dealt with in the income and expenditure account.

## Income

Fees, other than retention fees, are recognised as income in the year in which they are received. Retention fees are charged annually in respect of doctors who apply to continue on the Council's register. Retention fees and other income are recognised as income in the year to which they relate. Full provision is made for retention fees received relating to periods after the year end.

## Pensions

The Medical Council operates a defined benefit scheme which is funded annually on a pay as you go basis from monies available to it and from contributions deducted from staff salaries.

Pension Scheme liabilities are measured on an actuarial basis using the projected unit method.

Pension costs reflect pension benefits earned by employees in the period and are shown net of staff pension contributions which are retained by the Medical Council.

Actuarial gains and losses arise from changes in actuarial assumptions and from experience surpluses and deficits and are recognised in the Statement of Total Recognised Gains and Losses for the year in which they occur.

Pension liabilities represent the present value of future pension payments earned by staff to date.

The pension reserve represents the funding deficit on the pension scheme obligations.



# Income and Expenditure Account

for the year ended 31st December 2011

The results for the year refer to continuing operations.

The Statement of Accounting Policies, Cash Flow Statement and the notes on pages 50-59 form part of the financial statements.

Approved by the Council on 13th March 2012 and signed on its behalf by



.....  
**Professor Kieran C Murphy**  
President



.....  
**Ms Caroline Spillane**  
Chief Executive Officer

	Notes	2011 €	2010 €
<b>Income</b>			
Retention fees		7,648,484	7,339,487
Registration fees	1	1,635,159	1,229,700
Miscellaneous income	1	291,339	123,017
<b>Total income</b>		<b>9,574,982</b>	<b>8,692,204</b>
<b>Expenditure</b>			
Wages and salaries	3	3,178,126	3,046,670
Pension Costs	3/10	1,033,000	1,007,268
Council and meeting expenses		536,526	434,425
Staff recruitment, training and education		100,465	140,339
Rent and rates		949,067	937,244
Legal expenses	2	2,472,698	2,869,909
General administration	2	1,218,172	984,714
Consultancy and other professional fees	2	483,745	204,300
Finance charges		38,036	36,301
Audit fees		12,560	9,050
Depreciation		651,509	636,804
Advertising		50,151	19,295
<b>Total Expenditure</b>		<b>(10,724,055)</b>	<b>(10,326,319)</b>
<b>Operating (deficit)/surplus</b>		<b>(1,149,073)</b>	<b>(1,634,115)</b>
Interest receivable		166,726	79,627
Investment income		37,568	29,193
<b>(Deficit)/surplus for the year</b>	11	<b>(944,779)</b>	<b>(1,525,295)</b>

# Statement of total recognised gains and losses

for the year ended 31st December 2011

Approved by the Council on 13th March  
2012 and signed on its behalf by



.....  
**Professor Kieran C Murphy**  
President



.....  
**Ms Caroline Spillane**  
Chief Executive Officer

	Notes	2011 €	2010 €
(Deficit)/surplus for the year	11	<b>(944,779)</b>	(1,525,295)
Actuarial gain/(loss) on pension liabilities	10	<b>713,000</b>	833,000
Revaluation gain on investments	6	<b>11,826</b>	106,760
<b>Total Recognised Gains and Losses for the year</b>		<b>(219,953)</b>	(585,535)

# Balance Sheet

as at 31st December 2011

The Statement of Accounting Policies, Cash Flow Statement and the Notes on pages 50-59 form part of the financial statements.

Approved by the Council on 13th March 2012 and signed on its behalf by



Professor Kieran C Murphy  
President



Ms Caroline Spillane  
Chief Executive Officer

	Notes	2011 €	2010 €
<b>Fixed Assets</b>			
Tangible assets	5	4,164,722	4,699,795
Financial assets	6	2,684,806	2,659,701
		<b>6,849,528</b>	7,359,496
<b>Current Assets</b>			
Debtors	7	1,630,229	1,479,466
Cash at bank and in hand		9,559,952	9,517,941
		<b>11,190,181</b>	10,997,407
Creditors: Amounts falling due within one year	8	(4,442,999)	(4,640,240)
<b>Net Current Assets</b>		<b>6,747,182</b>	6,357,167
Total Assets less Current Liabilities Before Pensions		<b>13,596,710</b>	13,716,663
Pension Liabilities	10	(11,300,000)	(11,200,000)
<b>Net Assets</b>		<b>2,296,710</b>	2,516,663
<b>Capital and Reserves</b>			
Revaluation reserve	11	913,894	902,068
Accumulated surplus	11	12,682,816	12,814,595
Pension reserve	11	(11,300,000)	(11,200,000)
<b>Total</b>		<b>2,296,710</b>	2,516,663

# Cash Flow Statement

for the year ended 31st December 2011

Approved by the Council on 13th March  
2012 and signed on its behalf by



.....  
**Professor Kieran C Murphy**  
President



.....  
**Ms Caroline Spillane**  
Chief Executive Officer

	2011	2010
	€	€
(Deficit)/surplus for the year	<b>(944,779)</b>	(1,525,295)
Difference between pension paid and pension charge	<b>813,000</b>	833,000
Interest received	<b>(166,726)</b>	(79,627)
Depreciation	<b>651,509</b>	636,804
Increase in debtors	<b>(150,763)</b>	(280,325)
Decrease in creditors	<b>(197,241)</b>	(89,090)
Diminution in investments	-	-
Investment income	<b>(37,568)</b>	(29,193)
Management fee	<b>28,240</b>	27,224
<b>Net cash outflow from operating activities</b>	<b>(4,328)</b>	<b>(506,502)</b>
<b>Return on investments</b>		
Interest received	<b>162,775</b>	60,651
Capital expenditure	<b>(116,436)</b>	(627,807)
Increase/(Decrease) in cash	<b>42,011</b>	(1,073,658)
Net funds at beginning of year	<b>9,517,941</b>	10,591,599
Net funds as at 31st December 2011	<b>9,559,952</b>	9,517,941
<b>Analysis of change in net funds</b>		
At beginning of year	<b>9,517,941</b>	10,591,599
Cash flows	<b>42,011</b>	(1,073,658)
<b>Net funds as at 31st December 2011</b>	<b>9,559,952</b>	<b>9,517,941</b>

# Notes to the Financial Statements

for the year ended 31st December 2011

## 1. Income

Income items are made up as follows:

	2011	2010
	€	€
<b>Registration fees</b>		
Internship	139,045	136,972
Full registration	-	21,137
Temporary document examination fees	-	28,925
General registration	1,311,869	845,009
Restoration to G.R.M.P	640	1,895
Specialist registration fees	183,605	195,762
	<b>1,635,159</b>	<b>1,229,700</b>
<b>Miscellaneous income</b>		
Service fees	15,086	21,788
Accreditation Fees	50,000	-
Examinations	110,789	-
Certificate of good standing	94,315	91,085
Legal costs recovered	12,001	9,430
Conference	9,148	-
Sale of register and supplement	-	714
	<b>291,339</b>	<b>123,017</b>

# Notes to the Financial Statements

for the year ended 31st December 2011 (Continued)

## 2. Expenditure

Expenditure items are made up as follows:

	2011	2010
	€	€
<b>Legal Expenses</b>		
Legal and professional	209,765	210,113
Part V (a) inquiries	1,926,904	2,543,397
Part V (b) High Court & Supreme Court proceedings	336,029	116,399
	<b>2,472,698</b>	<b>2,869,909</b>
<b>General Administration</b>		
Insurance	91,429	96,417
Light and heat	85,153	95,141
Repairs and maintenance	160,044	82,172
Equipment maintenance	678	9,784
Printing, postage and stationery	217,251	237,567
File administration and storage	37,204	43,693
Telephone and modem charges	44,779	46,590
Computer costs	279,221	176,933
Caretaking and cleaning	40,567	41,495
Security	76,797	109,626
Accreditations	170,269	-
General expenses	14,780	45,296
	<b>1, 218,172</b>	<b>984,714</b>
<b>Consultancy and other professional fees</b>		
Business consultancy	36,358	83,458
Consultancy fees	447,327	120,842
	<b>483,685</b>	<b>204,300</b>

# Notes to the Financial Statements

for the year ended 31st December 2011 (Continued)

## 3. Employees and Remuneration

The average number of persons employed during the year was 51 (2010: 49). The staff costs are comprised of:

	2011	2010
	€	€
Wages and salaries	2,977,954	2,862,362
Social welfare costs	200,172	184,308
Pension costs	1,033,000	1,007,268
	<b>4,211,126</b>	<b>4,053,938</b>

3.1	Ms Caroline Spillane is the Chief Executive Officer of the Medical Council. Ms Spillane received a salary of €145,952 in 2011 covering the period from 1st January 2011 to the 31st December 2011. The pension entitlements of the Chief Executive Officer do not extend beyond the pension entitlements in the public sector defined benefit superannuation scheme.	<ul style="list-style-type: none"> <li>• Dr Richard Brennan €7,696</li> <li>• Ms Katherine Bulbulia €7,696</li> <li>• Ms Margaret Murphy €7,696</li> <li>• Mr Frank McManus €7,696</li> <li>• Dr Daniel O'Hare €7,696</li> <li>• Professor Diarmuid O'Donoghue €13,467</li> </ul>
3.2	An amount of €118,987 was deducted from staff in 2011 by way of a State pension levy and was paid over to the Department of Health and Children. Due to an oversight an amount of €36,236 was not deducted from staff. This is being rectified during 2012.	<ul style="list-style-type: none"> <li>• Ms Anne Carrigy €7,696</li> <li>• Ms Mary Culliton €1,283</li> </ul> <p>Also €37,193 was paid to Council members in relation to reimbursable travel and subsistence expenses.</p>
3.3	Wages and salaries include an amount of €45,327 paid to staff by way of a bonus payment in 2011.	3.5 An amount of €65,431 was paid in relation to the reimbursement to Beaumont Hospital for locum hire to cover the time spent on Council business by the Council President, Professor Kieran Murphy.
3.4	An amount of €60,926 was paid in fees to eight eligible Council members in 2011 as follows:	

# Notes to the Financial Statements

for the year ended 31st December 2011 (Continued)

## 4. Taxation

Section 32 of the Finance Act 1994 provides exemption from taxation on investment income of The Medical Council. The Medical Council is, however, not entitled to a repayment of D.I.R.T. where this has been deducted from deposit interest. The Medical Council is a Non Commercial State Sponsored Body within the meaning of Section 227 Taxes Consolidation Act and Schedule 4 of that Act. The Medical Council does not charge VAT on its fees and it does not reclaim VAT on its purchases.

## 5. Tangible Fixed Assets

A valuation was carried out by HT Meagher O'Reilly at 31st December 2009 and this resulted in the Lynn House property being revalued in the books of the Council from €3m to €2m. The property was valued on an open market basis. The historical cost of the property is €1,650,298. The Council are aware of the current developments in the property market and are keeping the matter under review.

Listed amongst the values for fixtures and fittings is a small selection of decorative art which is situated in the offices at Kingram House. This artwork is valued in line with the directives of FRS 30. It currently has a carrying value of €43,919.

## 5. Tangible Fixed Assets

	Buildings €	Office Equipment €	Fixtures and fittings €	Computer Equipment €	Total €
<b>Cost or Valuation</b>					
As at 1st January 2011	3,808,594	296,911	1,442,094	2,173,538	7,721,137
Additions	-	442	9,280	106,714	116,436
Revaluation	-	-	-	-	-
<b>At 31st December 2011</b>	<b>3,808,594</b>	<b>297,353</b>	<b>1,451,374</b>	<b>2,280,252</b>	<b>7,837,573</b>
<b>Depreciation</b>					
As at 1st January 2010	439,116	267,333	644,569	1,670,324	3,021,342
Charge for the year	76,172	18,142	181,422	375,773	651,509
Revaluation	-	-	-	-	-
<b>At 31st December 2011</b>	<b>515,288</b>	<b>285,475</b>	<b>825,991</b>	<b>2,046,097</b>	<b>3,672,851</b>
<b>Net book value</b>					
<b>At 31st December 2011</b>	<b>3,293,306</b>	<b>11,878</b>	<b>625,383</b>	<b>234,155</b>	<b>4,164,722</b>
<b>At 31st December 2010</b>	<b>3,369,478</b>	<b>29,578</b>	<b>797,525</b>	<b>503,214</b>	<b>4,699,795</b>

# Notes to the Financial Statements

for the year ended 31st December 2011 (Continued)

## 6. Financial Fixed Assets

	2011	2010
	€	€
Listed Investments		
Cost		
At 1st January	2,659,701	2,531,996
Increase in value of investment	11,826	106,761
Investment income	37,568	29,193
Management fee	(28,240)	(27,224)
Interest income	3,951	18,975
At 31st December	<b>2,684,806</b>	2,659,701

## 7. Debtors

Included in prepayments is an amount of €807,000 being an upfront rent payment on the Kingram House property.

	2011	2010
	€	€
Prepayments and other debtors	<b>1,630,229</b>	1,479,466

# Notes to the Financial Statements

for the year ended 31st December 2011 (Continued)

## 8. Creditors

	2011	2010
	€	€
<i>Amounts falling due within one year</i>		
Trade creditors and accruals	416,928	564,560
PRSA accrual	(138)	(146)
Deferred Income - Retention fees (Note 9)	3,767,289	3,881,194
Provision for legal costs	258,920	194,632
	<b>4,442,999</b>	<b>4,640,240</b>
<i>Movement in legal provision:-</i>		
Legal provision at 1st January 2011	194,632	
Utilised in 2011	-	
Provided for in 2011	64,288	
	<b>258,920</b>	

## 9. Deferred Income - Retention Fees

This related to fees received in respect of periods after the year end.

# Notes to the Financial Statements

for the year ended 31st December 2011 (Continued)

## 10. Pension Costs

	2011	2010
	€	€
<b>a. Analysis of total pension costs charged to Expenditure</b>		
Current service costs	530,000	500,000
Interest on Pension Scheme Liabilities	620,000	620,000
Employee contributions	(117,000)	(112,732)
	<b>1,033,000</b>	<b>1,007,268</b>
<b>b. Movement in net Pension Liability during the financial year</b>		
Net Pension Liability at 1st January	11,200,000	11,200,000
Current Service Cost	530,000	500,000
Interest Costs	620,000	620,000
Actuarial (gain)/loss	(713,000)	(833,000)
Pensions paid in the year	(337,000)	(287,000)
Net Pension Liability at 31st December	<b>11,300,000</b>	<b>11,200,000</b>
<b>c. History of defined benefit obligations</b>		
Defined benefit obligations	<b>11,300,000</b>	<b>11,200,000</b>
Experience gains on scheme liabilities Amount	<b>713,000</b>	<b>833,000</b>
Percentage of Scheme Liabilities	<b>(6%)</b>	<b>(7%)</b>

The cumulative actuarial gain recognised in the Statement of Total Recognised Gains and Losses amounts to €480,000.

# Notes to the Financial Statements

for the year ended 31st December 2011 (Continued)

## d. General Description of the Scheme

The pension schemes are defined benefit final salary pension arrangements with benefits and contributions defined by reference to current "model" public sector scheme regulations. The scheme provides a pension (1/80th per year of service), a gratuity or lump sum (three eightieths per year of service) and spouse's and children's pensions. Average retirement age is a member's 62nd birthday. Pre 1st April 2004 the minimum pension age is 60 and the maximum retirement age is 65. For new scheme entrants that have been appointed to public sector employment on or after 1 April 2004, the minimum pension age is age 65 and there is no fixed retirement age. Pensions in payment (and deferment) normally increase in line with general public sector salary inflation.

The valuation used for FRS17 (Revised) disclosures has been based on a full actuarial valuation at 31st December 2011 by a qualified independent actuary taking account of the requirements of the FRS in order to assess the scheme liabilities at 31st December 2011.

The principal actuarial assumptions were as follows:

	<b>2011</b>	2010
Rate of increase in salaries	<b>4.0%</b>	4.0%
Rate of increase in pensions in payment	<b>4.0%</b>	4.0%
Discount Rate	<b>5.5%</b>	5.5%
Inflation Rate	<b>2.0%</b>	2.0%

### Mortality basis:

PMA80 (C=2000) for males and PFA80 (C=2000) for females with a deduction of two years in each case.

# Notes to the Financial Statements

for the year ended 31st December 2011 (Continued)

## 11. Reserves

	Pension reserve €	Revaluation reserve €	Accumulated surplus €	Total €
1st January 2011	(11,200,000)	902,068	12,814,595	2,516,663
Revaluation of investments	-	11,826	-	11,826
Deficit for the year	-	-	(944,779)	(944,779)
Pension Actuarial gain for the year	713,000	-	-	713,000
Pension reserve adjustment	(813,000)	-	813,000	-
<b>At 31st December 2011</b>	<b>(11,300,000)</b>	<b>913,894</b>	<b>12,682,816</b>	<b>2,296,710</b>

An adjustment has been made to bring the pension reserve in line with the pension liability. The adjustment consists of the cumulative pension costs and funding of pensioners' pay since the adoption of FRS 17. As the adjustment does not affect prior year results no restatement of figures is necessary.

## 12. Operating Lease Commitments

The Medical Council has signed a five year lease agreement for its new premises, Kingram House, at an annual rent of €820,000. There is also an option to purchase the shareholding of Tanat Limited (incorporating Kingram House) for a fixed price. This option expired on 31st March 2011. As the Council did not exercise its option then the owners of Tanat Limited have a call option whereby the Council are obliged to enter into a long term lease of twenty years at the current annual rent of €820,000. The Council are currently negotiating with the owners.

# Notes to the Financial Statements

for the year ended 31st December 2011 (Continued)

## 13. Contingent Liabilities

A number of High Court proceedings have been taken against The Medical Council. The Council is vigorously defending the proceedings and is satisfied that they will not be successful and have not provided for any liability arising thereon. Council's costs in relation to defending the proceedings have been provided for in note 8.

## 14. Approval of Financial Statements

The financial statements were approved by the Council on 13th March 2012.



COMHAIRLE NA NDOCHTÚIRÍ LEIGHIS  
MEDICAL COUNCIL

# Appendices

<b>Appendix A</b>	Statistics	
	Examinations .....	62
	Fitness to Practise Inquiries .....	73
	Freedom of Information requests .....	83
	Preliminary Proceedings Committee .....	88
	Register of Medical Practitioners.....	100
	Website .....	111
<b>Appendix B</b>	Council Attendance 2011.....	113
<b>Appendix C</b>	Medical Council Committee & Working Group Structure .....	115
<b>Appendix D</b>	Committee Attendance 2011 .....	116
<b>Appendix E</b>	Working Group/ Sub-Committee Attendance 2011.....	125
<b>Appendix F</b>	High Court/ Supreme Court judgements .....	138

# Appendix A

## EXAMINATIONS STATISTICS

### General Division - Pre-Registration Examination System (PRES)

The Medical Council requires all doctors to meet defined practice standards and ensures that doctors entering the medical register have the necessary knowledge and skills to practise medicine safely in Ireland. One way it does this is through requesting doctors to participate in examinations, known as the Pre-Registration Examination System (PRES). This examination is similar to those run by other international bodies involved in medical regulation such as the NZREX (New Zealand), PLAB (UK) and USMLE (USA).

Doctors who have qualified outside the EU/EEA must pass or be exempt from the Council's Pre-Registration Examination System (PRES) if they wish to be registered in the General Division but do not satisfy the criteria for other registration pathways. Standard setting for this exam is at the level of final medical/entry to internship year.

### Temporary Registration Assessment System (TRAS)

On 16th March 2009 the TRAS examination, which consisted of Multiple Choice Questions (MCQ) and an Objective Structured Clinical Examination (OSCE), was replaced by the PRES. Level 2 Examination

### Level 2 Examination

Level 2 is a computer delivered written examination and is currently in the form of a Multiple Choice Questions (MCQ) examination.

A pass in Level 2 is valid for a period of two years from the date of passing. Candidates must pass Level 3 within two years from the date of passing Level 2.

### Level 3 Examination

Level 3 is an examination of clinical competence, including practical and communication skills, as well as data interpretation skills.

### Supervised Division - Clinical Examinations

Applicants for registration to the Supervised Division must fulfil a number of criteria for registration, including passing an examination of their clinical skills.

Firstly, the HSE must propose the candidates to the Medical Council, including the speciality of the post, the duties the doctor will be charged with and the supervisory arrangements which will be in place. Similar to candidates for the General Division, all applicants for the Supervised Division must then undergo a Level One assessment and verification of their documentation.

Eligible candidates are then required to sit a clinical examination in the area of specialty they will be working in, measuring competence in the areas of clinical judgement, communication and data interpretation. This examination is set at the level of intern exit/entry to basic specialist training. In August and November 2011, examinations were sat by 266 and 109 candidates respectively in seven specialties (Anaesthesia, Emergency Medicine, General Internal Medicine, Obstetrics & Gynaecology, Paediatrics, Psychiatry, Surgery).

---

<b>TRAS</b>	Temporary Registration Assessment Scheme
<b>MCQ</b>	Multiple Choice Questions
<b>OSCE</b>	Objective Structured Clinical Examination
<b>PRES</b>	Pre-Registration Examination System
<b>Level 2</b>	Computer Based Assessment
<b>Level 3</b>	Clinical Assessment

# Appendix A

## EXAMINATIONS STATISTICS



TRAS – MCQ 2008

# Appendix A

## EXAMINATIONS STATISTICS



TRAS – MCQ 2009  
(until 15th March)

# Appendix A

## EXAMINATIONS STATISTICS



TRAS – OSCE 2008

# Appendix A

## EXAMINATIONS STATISTICS



TOTAL	
BASIC MEDICAL QUALIFICATION PRES Level 2	
Total Sait	Total Pass
210	120

PRES LEVEL 2 2009  
(from 16th March)

# Appendix A

## EXAMINATIONS STATISTICS



PRES LEVEL 2 2010

# Appendix A

## EXAMINATIONS STATISTICS



PRES LEVEL 2 2011

# Appendix A

## EXAMINATIONS STATISTICS



PRES LEVEL 3 2009  
(from 16th March)

# Appendix A

## EXAMINATIONS STATISTICS



PRES LEVEL 3 2010

# Appendix A

## EXAMINATIONS STATISTICS



PRES LEVEL 3 2011

# Appendix A

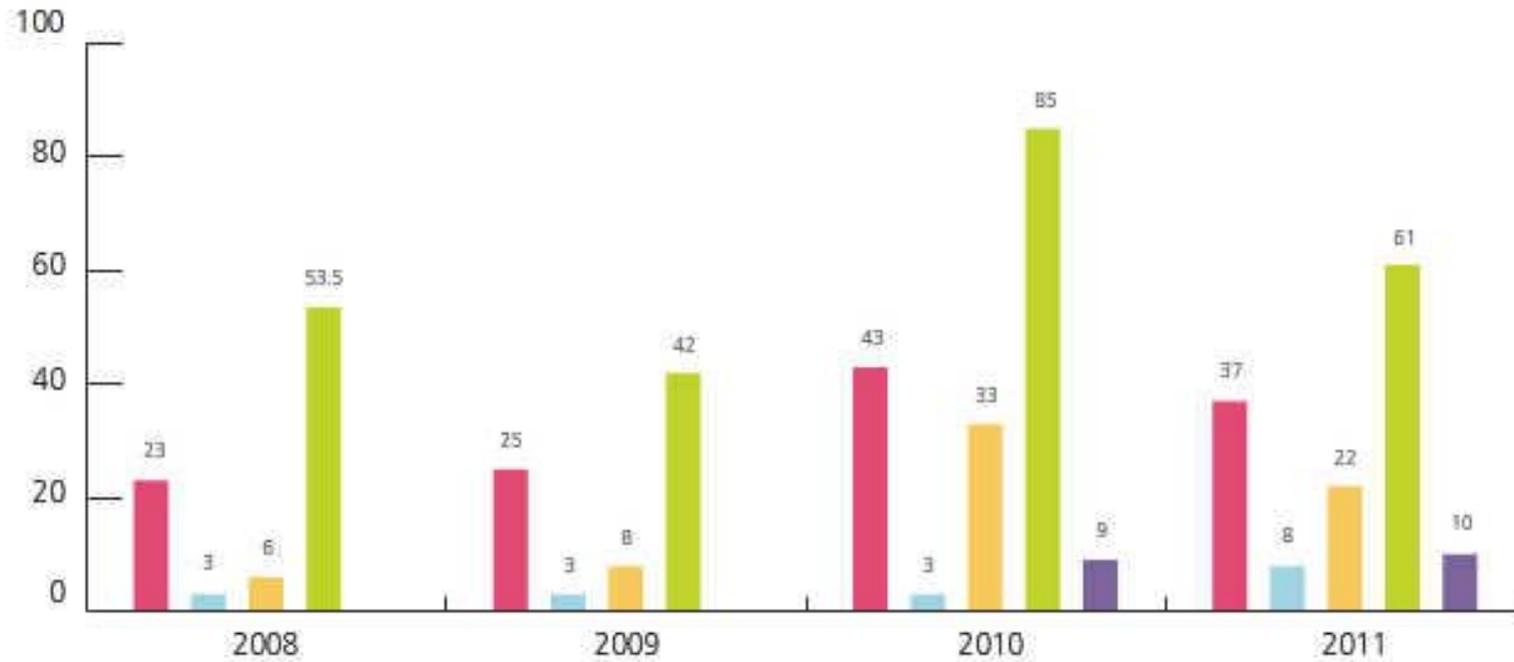
## EXAMINATIONS STATISTICS

BMQ EXAMINATION FOR THE SUPERVISED DIVISION	PASS	TOTAL SAT
Asia	282	364
Middle East	1	1
Africa	3	4
Eastern Europe	3	5
Caribbean	1	1
Total	290	375

EXAMINATION FOR THE  
SUPERVISED DIVISION 2011

# Appendix A

## FITNESS TO PRACTISE INQUIRY STATISTICS



**\*NOTE**

Fitness to Practise Callover meetings/ days – A case management system was introduced in 2010 and does not therefore apply to the

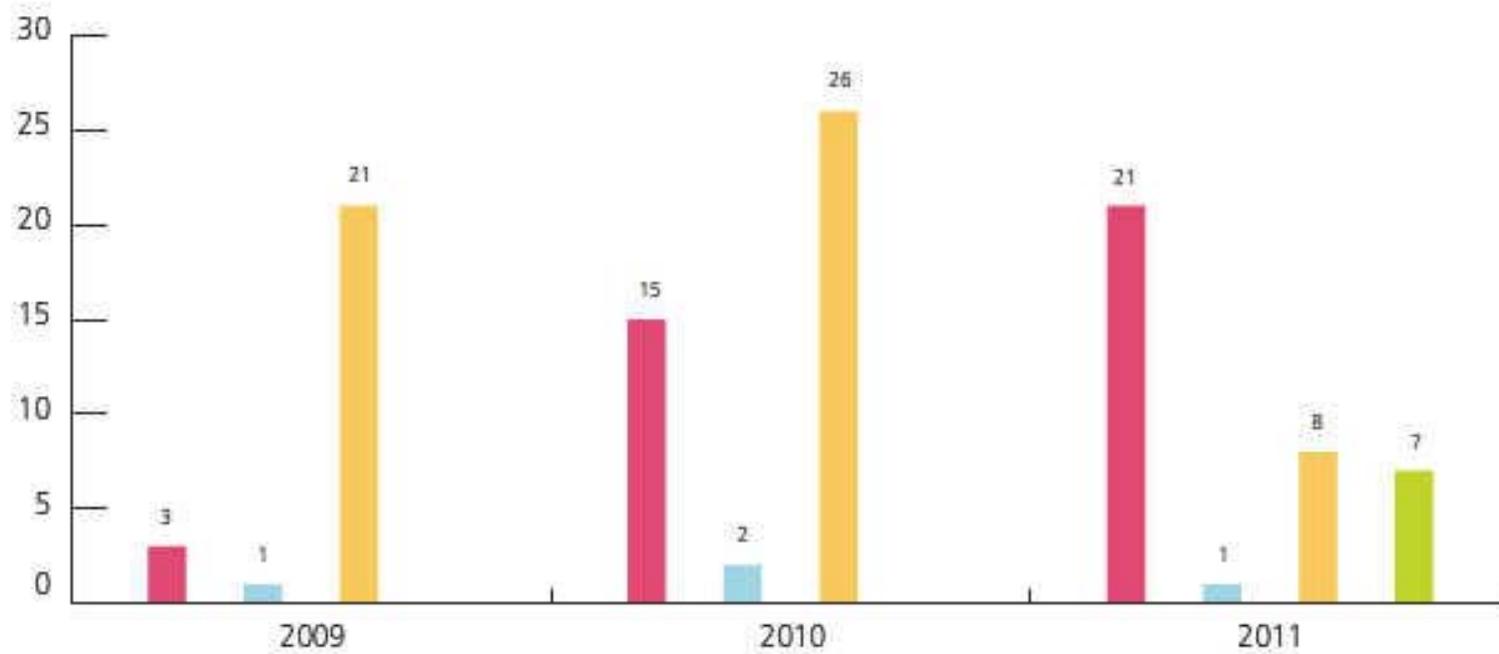
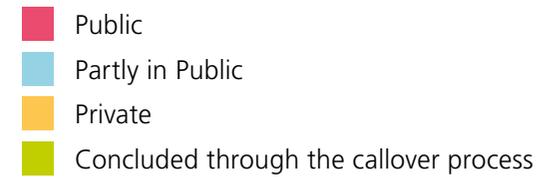
years prior to this. The Callover takes place before a panel of three Fitness to Practise Committee (FTPC) members. Doctors and/or their legal representative(s) are invited to attend before the FTPC.

The purpose of the Callover is to fix dates for hearings, decide as to whether an inquiry will be held in private/public/part public and any other preliminary issues that may arise.

**STATUS OF INQUIRIES HELD**

# Appendix A

## FITNESS TO PRACTISE INQUIRY STATISTICS



### TRANSPARENCY

The Medical Council strives to carry out its work in an open and transparent manner to ensure the confidence of doctors and the public. In March 2009, the first public inquiry was heard under the

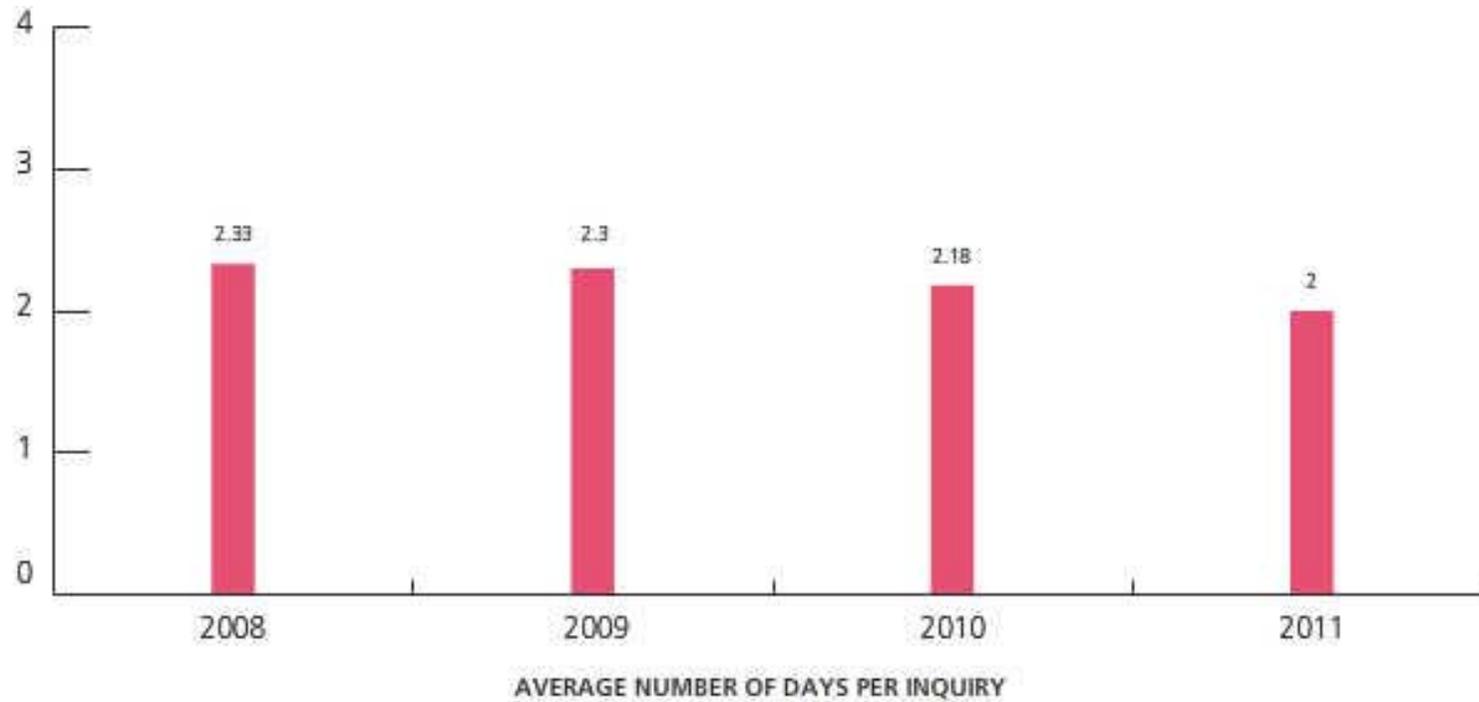
Medical Practitioners Act 2007. Inquiries are held in public unless an application is made by the complainant, the doctor, or a witness to hold all, or part, of the inquiry in private, and the Fitness to Practise Committee is satisfied that it would be appropriate in the

circumstances to do so. Under the Medical Practitioners Act, 1978 all inquiries were held in private.

### BREAKDOWN OF INQUIRIES HELD

# Appendix A

## FITNESS TO PRACTISE INQUIRY STATISTICS



AVERAGE NUMBER OF DAYS  
PER INQUIRY

# Appendix A

## FITNESS TO PRACTISE INQUIRY STATISTICS

	2008		2009		2010		2011	
	1978 Act	2007 Act						
Guilty of Professional Misconduct	8	0	5	8	1	18	1	11
Unfit to engage in practice of medicine/ Relevant Medical Disability (RMD)	0	0	1	1 (RMD)	0	2 (RMD)	0	0
Guilty of poor professional performance	N/A	0	N/A	0	N/A	4	N/A	9
Not Guilty / Fit to engage in practice of medicine / No case	7	0	4	2	1	5	2	7
No finding but sanction imposed pursuant to s. 47 and s. 48	8	N/A	2	N/A	0	N/A	0	N/A
Consent to Censure/ Undertaking pursuant to s. 67	N/A	0	N/A	0	N/A	11	N/A	7
Struck out	N/A	0	N/A	10	N/A	4	N/A	6

**\*NOTE**

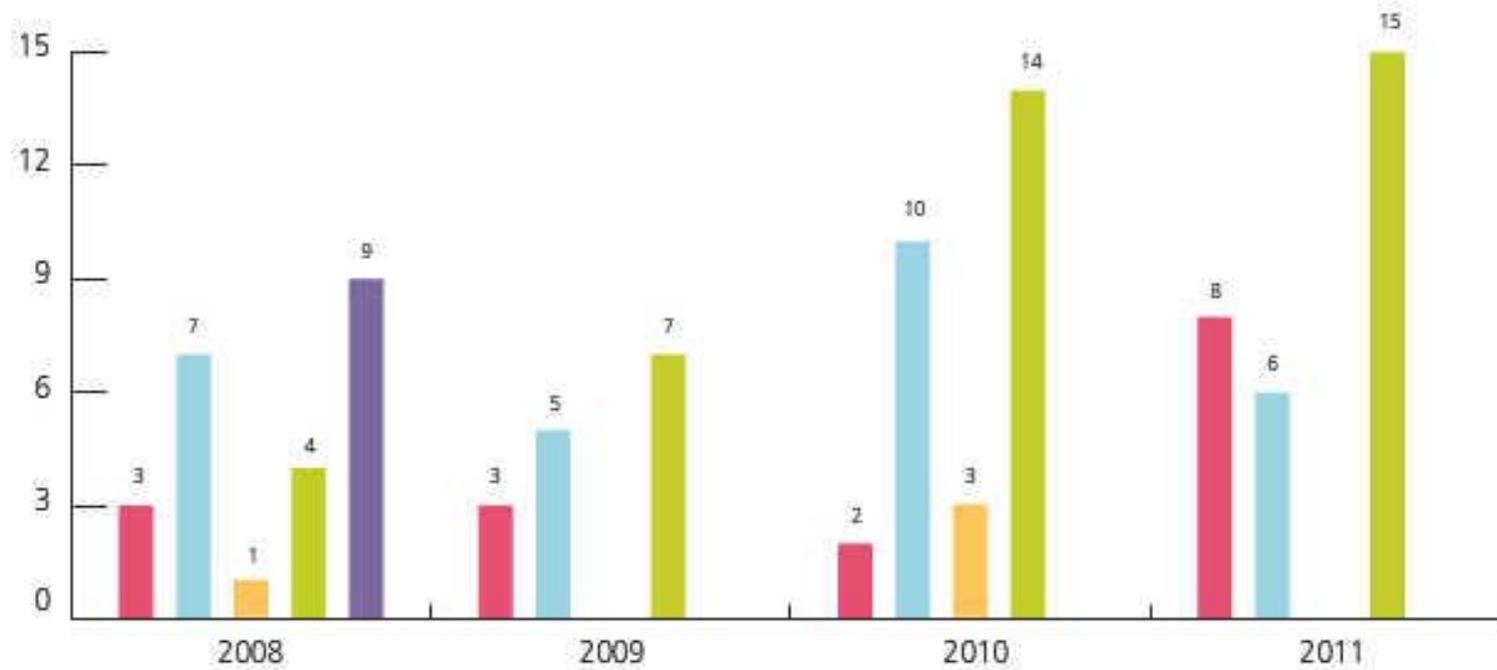
As a doctor can be found guilty of a number of different allegations the total figures can amount to a higher number than the number of inquiries held.

OUTCOMES OF FTPC INQUIRIES

# Appendix A

## FITNESS TO PRACTISE INQUIRY STATISTICS

- Erasure (1978 Act) / Cancellation of registration (2007 Act)
- Conditions Imposed
- Suspension
- Advise/Admonish/Censure
- Sanctions Imposed (1978 Act)



### MONITORING WORKING GROUP

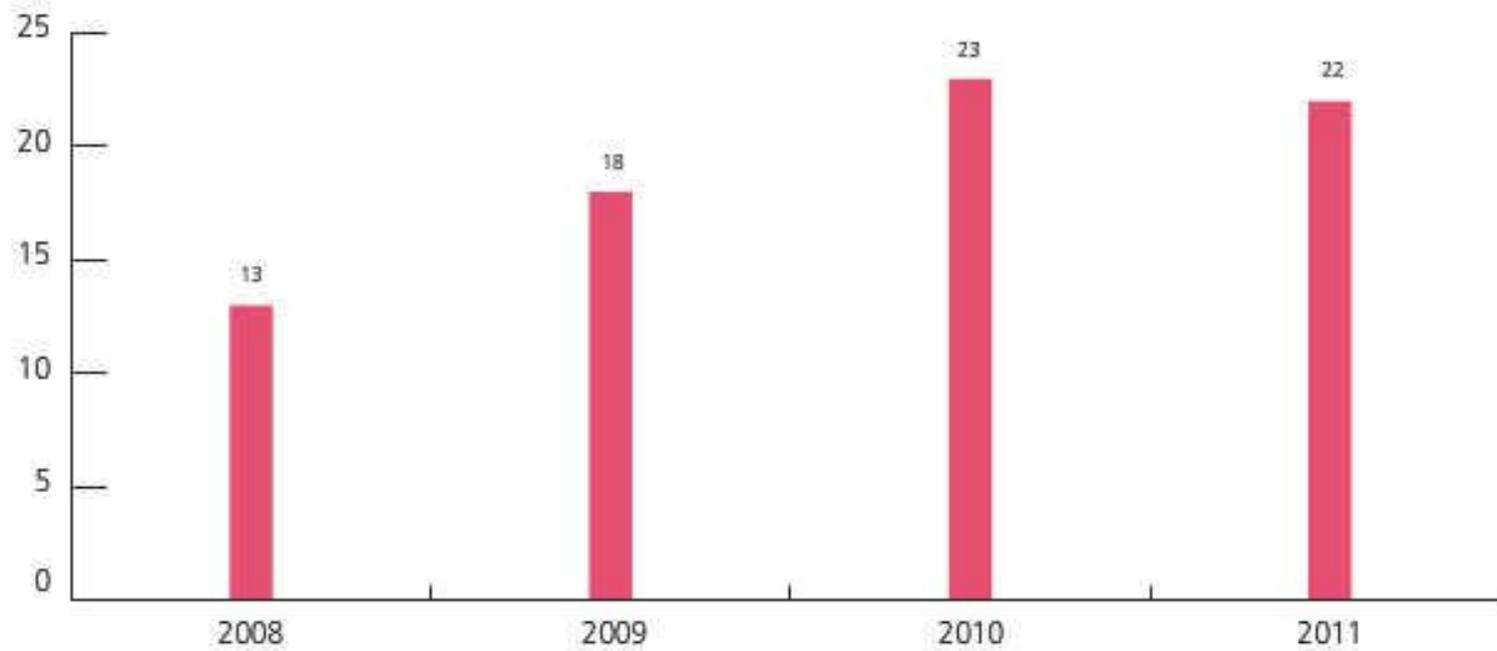
Following a Fitness to Practise Inquiry, the FtPC may impose conditions on a doctor's continued registration. Restrictions may be imposed on where or how a doctor can practise or a doctor may be required to complete a specific training course or may be referred for treatment.

The Monitoring Working Group monitors compliance by doctors in relation to conditions imposed on their continued registration. If the doctor fails to comply with the conditions imposed, the Monitoring Working Group will refer the issue back to the Medical Council.

NUMBER AND TYPE OF SANCTIONS IMPOSED

# Appendix A

## FITNESS TO PRACTISE INQUIRY STATISTICS



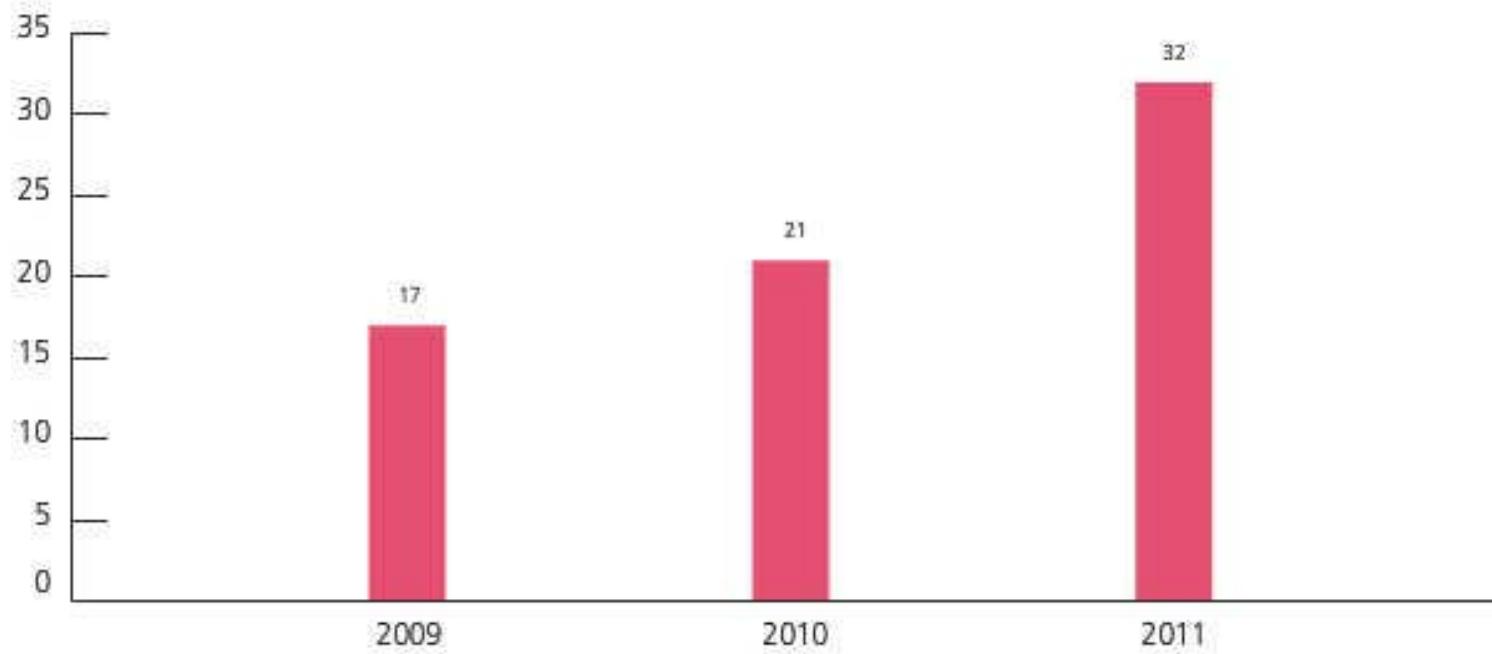
### MONITORING WORKING GROUP

The number of doctors who have had conditions imposed on their registration has increased since 2008 in line with an increase in the number of Fitness to Practise inquiries.

NUMBER OF DOCTORS WITH  
CONDITIONS ON REGISTRATION

# Appendix A

## FITNESS TO PRACTISE INQUIRY STATISTICS



**\*NOTE**

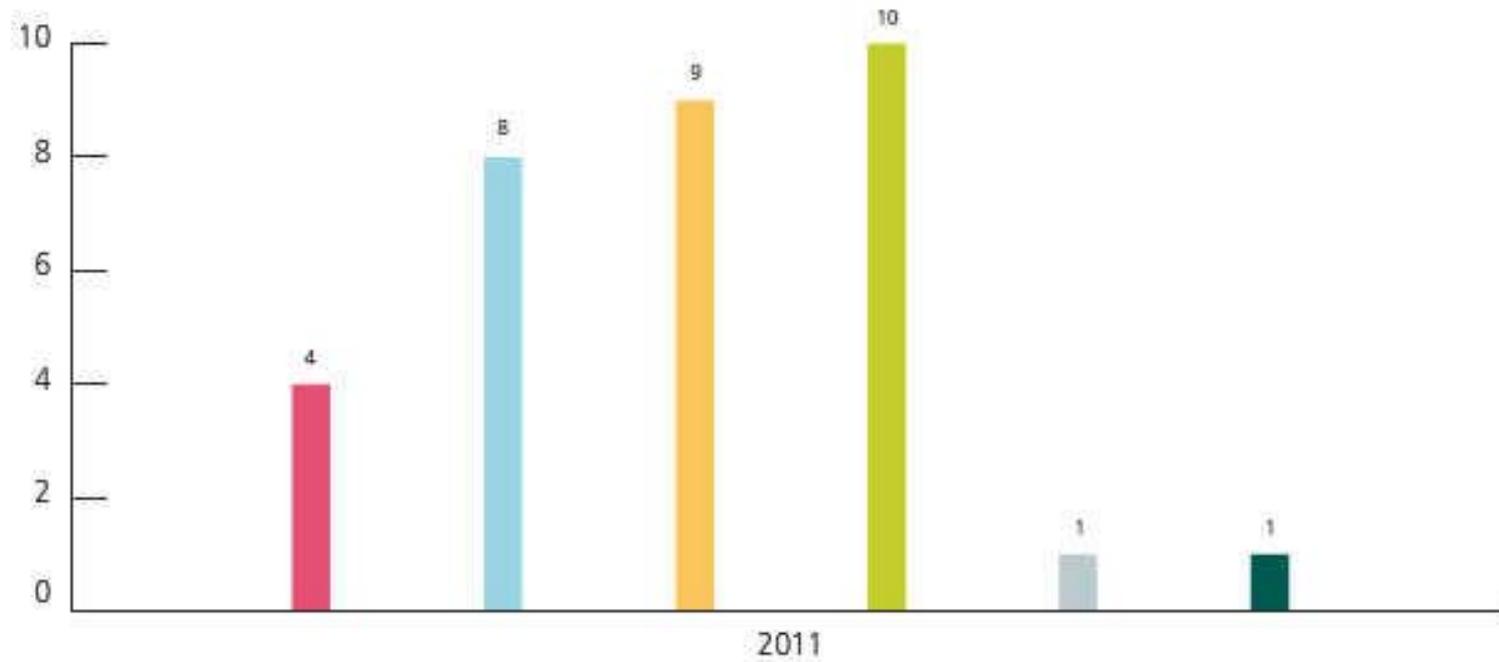
1 doctor of the 32 referred to the Health Sub-Committee in 2011 was referred for 2 different reasons and therefore the number of referrals totals 33.

DOCTORS ATTENDING HEALTH  
SUB-COMMITTEE

# Appendix A

## FITNESS TO PRACTISE INQUIRY STATISTICS

- Alcohol Only
- Alcohol & Drug
- Drug Only
- Mental Disability
- Neurological Disorder
- Co Morbidity - Hepatitis/ Drug Misuse

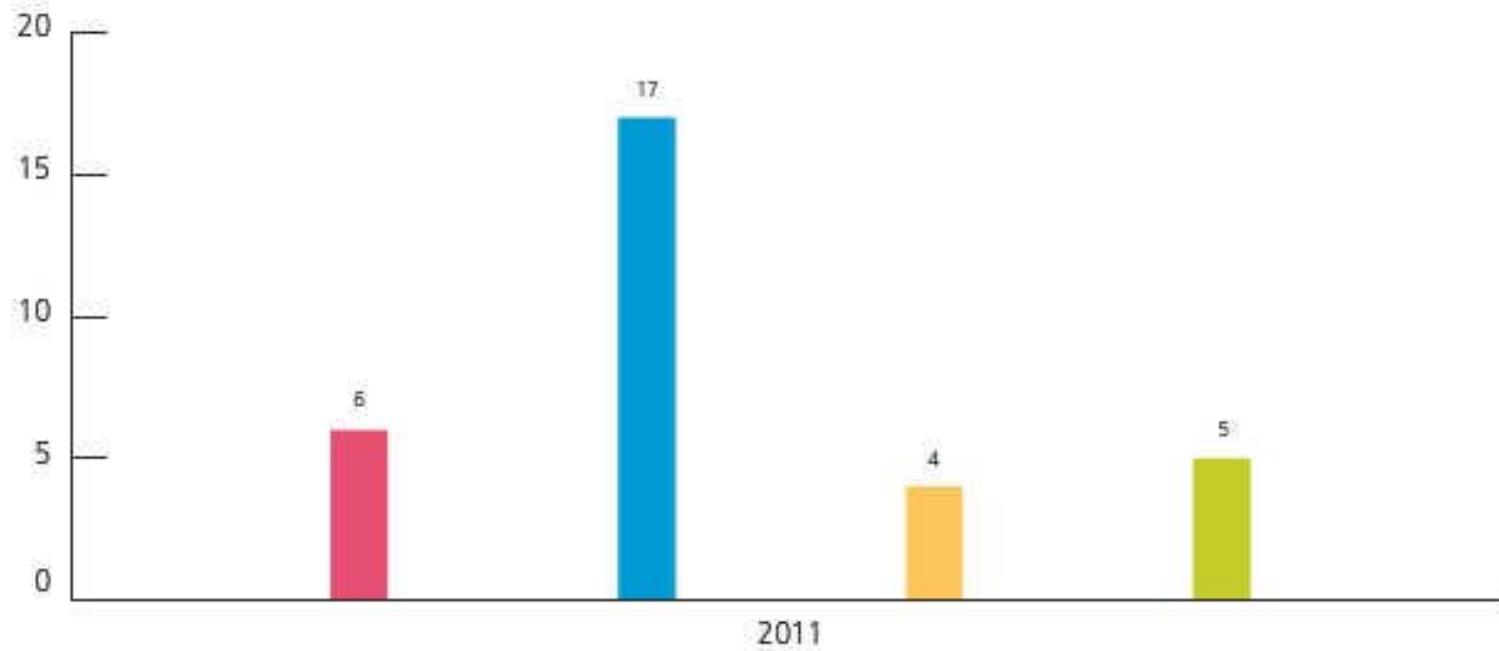


REASONS FOR REFERRAL TO  
HEALTH SUB-COMMITTEE

# Appendix A

## FITNESS TO PRACTISE INQUIRY STATISTICS

- Self Referral
- Third Party
- FTP Section 67
- FTP Inquiry

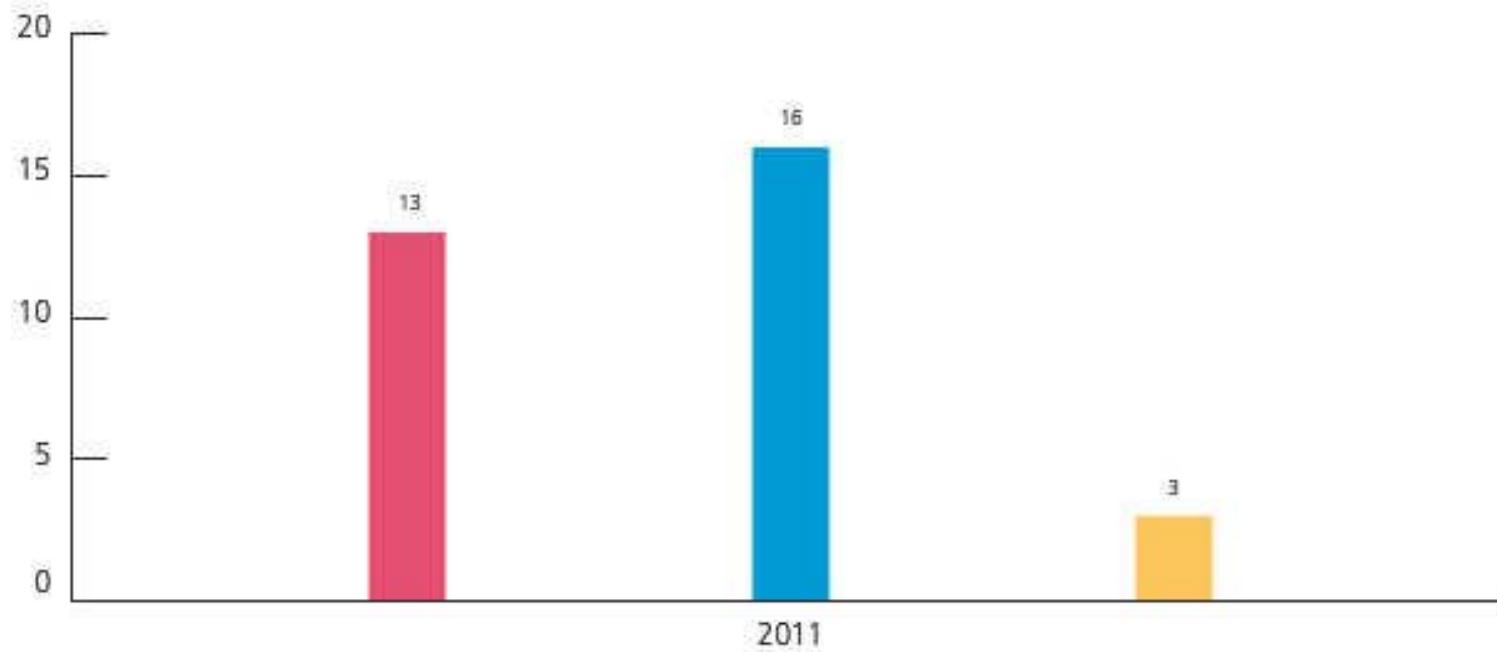


SOURCE OF REFERRAL TO  
HEALTH SUB-COMMITTEE

# Appendix A

## FITNESS TO PRACTISE INQUIRY STATISTICS

- Trainee - NCHD
- General Register/ General Practitioner
- Consultant

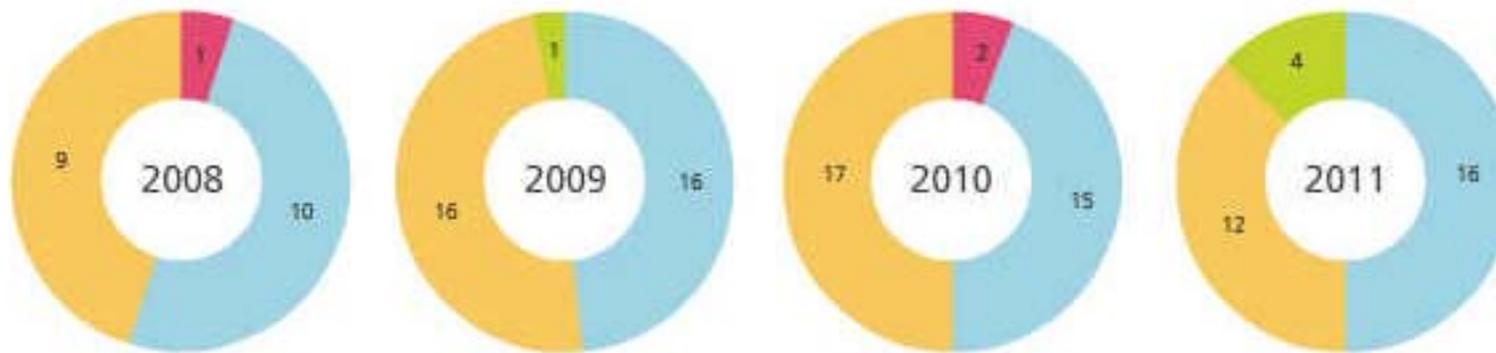


CATEGORY OF REFERRAL TO  
HEALTH SUB-COMMITTEE

# Appendix A

## FREEDOM OF INFORMATION REQUESTS

- Cases brought forward from previous year
- Requests received in current year
- Cases answered in current year
- Live cases at year end



### REQUESTS UNDER THE FREEDOM OF INFORMATION ACT

The Medical Council falls under the legislative requirements of the Freedom of Information Acts 1997 and 2003.

The number of requests for information has grown over the past few years highlighting a greater level of public interest in the activities of the Medical Council.

TOTALS

# Appendix A

## FREEDOM OF INFORMATION REQUESTS

- Personal requests
- Non-personal requests
- Mixed requests



### REQUESTS UNDER THE FREEDOM OF INFORMATION ACT

The Medical Council falls under the legislative requirements of the Freedom of Information Acts 1997 and 2003.

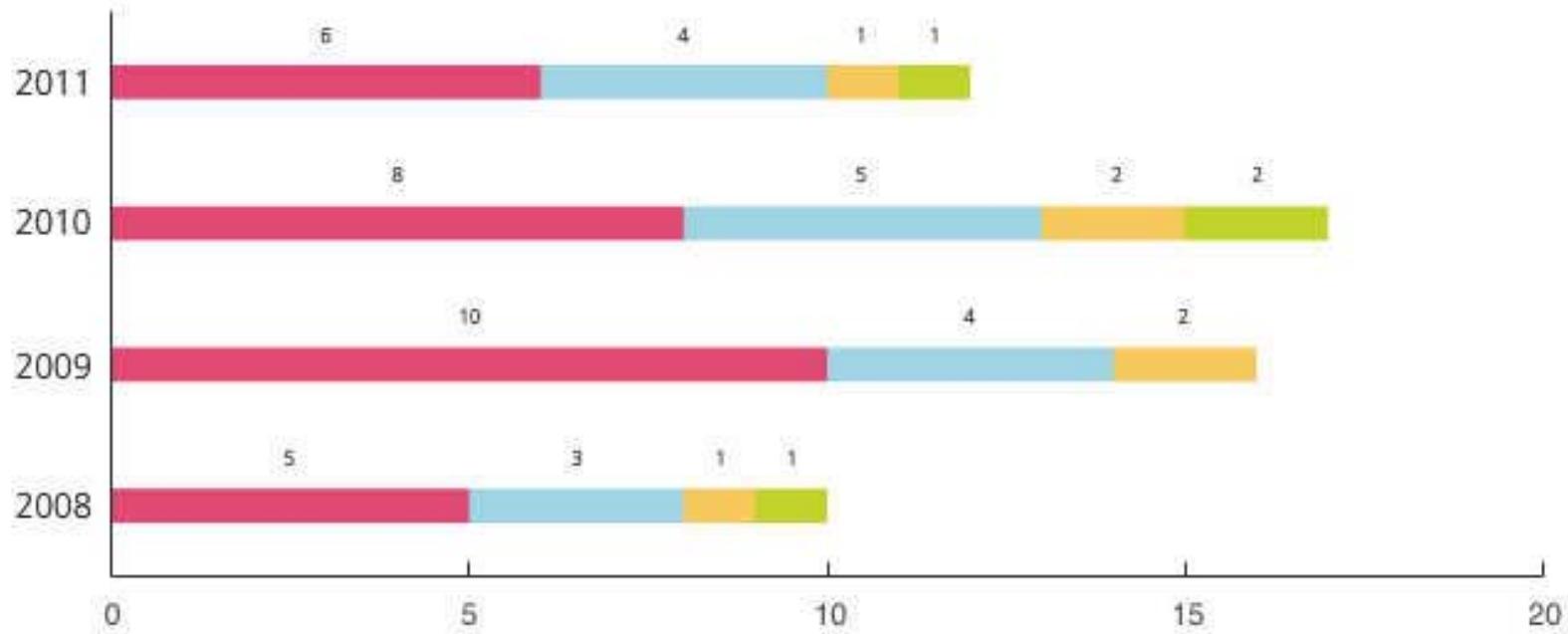
The number of requests for information has grown over the past few years highlighting a greater level of public interest in the activities of the Medical Council.

TYPE OF REQUEST

# Appendix A

## FREEDOM OF INFORMATION REQUESTS

- Granted
- Part-granted
- Refused
- Withdrawn / Handled outside of FOI



### REQUESTS UNDER THE FREEDOM OF INFORMATION ACT

The Medical Council falls under the legislative requirements of the Freedom of Information Acts 1997 and 2003.

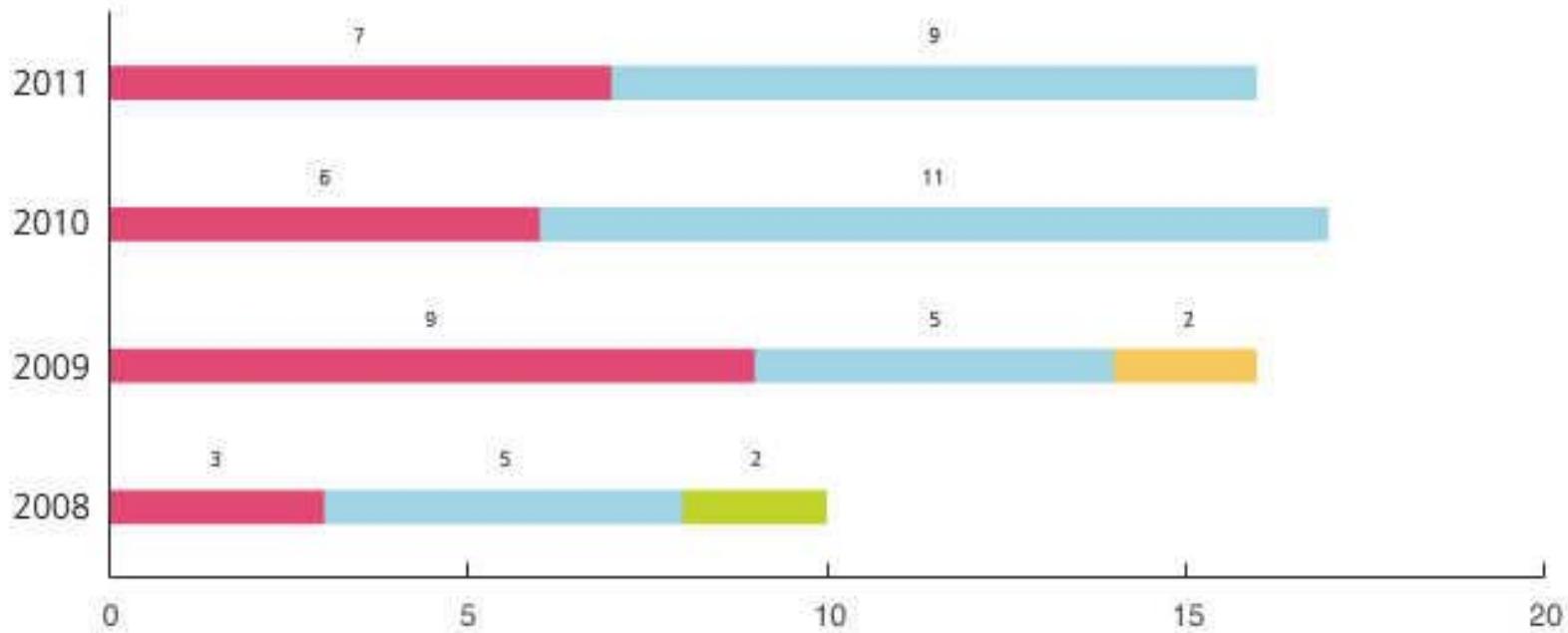
The number of requests for information has grown over the past few years highlighting a greater level of public interest in the activities of the Medical Council.

STATUS OF REQUESTS

# Appendix A

## FREEDOM OF INFORMATION REQUESTS

- Journalist
- Other (Personal Information request)
- Business interest groups
- Clients



### REQUESTS UNDER THE FREEDOM OF INFORMATION ACT

The Medical Council falls under the legislative requirements of the Freedom of Information Acts 1997 and 2003.

The number of requests for information has grown over the past few years highlighting a greater level of public interest in the activities of the Medical Council.

TYPE OF REQUESTER

# Appendix A

## PRELIMINARY PROCEEDINGS COMMITTEE STATISTICS

### Setting Professional Standards

The Medical Council sets and promotes standards for doctors publishing a 'Guide to Professional Conduct and Ethics for Registered Medical Practitioners.' This booklet provides guidance to doctors on issues such as consent, confidentiality, end-of-life care, provision of information to the public, prescribing practices and referral of patients.

### Monitoring Professional Standards

Doctors can only work in Ireland if they are entered on the Medical Council's Register. In certain instances, the Medical Council has the power to: issue a warning to a doctor; remove or suspend a doctor from the Register or place restrictions on his or her registration.

The Medical Council protects patients by responding to complaints made about doctors using a fair and robust process. Anybody can make a complaint about a doctor. This includes members of the public, a doctor's employer, other healthcare professionals or the Medical Council itself. The majority of complaints

about doctors in Ireland are made by members of the public, in contrast to international trends, whereby the majority of complaints are made by healthcare professionals, employers or public bodies.

### The Complaints Process

Once the Medical Council receives a complaint, it will respond stating that it has received the complaint and write to the doctor involved.

The Medical Council's Preliminary Proceedings Committee (PPC) considers the information received as well as any information from the doctor. This Committee may look for additional information relating to the complaint.

The PPC will decide whether the case should go forward for an inquiry by the Medical Council's Fitness to Practise Committee (FtPC). The PPC can also form the opinion that a case should not go forward for an inquiry by the FtPC. However, Council must approve the PPC's decisions and Council may ultimately overturn such an opinion if it sees fit.

Complaints received in any given year may be carried over to the next year. Therefore, there is a difference between the number of decisions (prima facie and non prima facie) and the number of complaints.

In the event of an inquiry, the FtPC will usually be made up of three people: two without a medical background and one doctor. The FtPC is chaired by a member of the Medical Council. An inquiry may be held in public or if the FtPC believes it is appropriate, all or part of a case may be heard in private. The person who made the complaint, the doctor, who is the subject of the complaint or any other witness, can apply to have all or part of inquiry held in private.

After hearing an inquiry, the FtPC reports its opinion to the Medical Council. If the Committee finds that the allegations against the doctor have been proven, the Council may impose sanctions on the doctor including issuing a warning or removing the doctor from the Register so that he or she cannot practise for a specific length of time.

Please [click here](#) to view a breakdown of the Register.

# Appendix A

## PRELIMINARY PROCEEDINGS COMMITTEE STATISTICS

CATEGORIES OF COMPLAINT	
Alcohol/ Drug Abuse/ Irresponsible Prescribing	A
Alcohol/ Drug Abuse	A1*
Deputising Arrangements	B
Irresponsible Prescribing	B1**
Treatment	C
Professional Standards	D
Responsibility to Colleagues	E
Failure to Attend	F
Failure to Communicate/ Rudeness	G
Failure to Supply Medical Records/ Reports	H
Certification	I
Other Complaints Considered	J
Advertising	K
Convictions	L
Physical/ Mental Disability	M
Complaints Unspecified/ RMP Unidentified	P
Miscellaneous	Misc***

\* In 2011, Category A removed 'Irresponsible Prescribing' to become 'Alcohol/ Drug Abuse'

\*\* In 2011, 'Irresponsible Prescribing' replaced 'Deputising Arrangements' as Category B

\*\*\* This category does not apply after 2008

Please [click here](#) to view a breakdown of the Register.

CATEGORIES OF COMPLAINT

# Appendix A

## PRELIMINARY PROCEEDINGS COMMITTEE STATISTICS

CATEGORY OF COMPLAINT	NO. OF COMPLAINTS RECEIVED			
	2008	2009	2010	2011
<b>A. ALCOHOL/ DRUG ABUSE/ IRRESPONSIBLE PRESCRIBING</b> This relates to a complaint against a doctor who may have an alcohol or drug addiction or may have prescribed medication in a manner which was irresponsible.	N/A	8	10	N/A
<b>A1. ALCOHOL/ DRUG ABUSE*</b> This relates to a complaint against a doctor who may have an alcohol or drug addiction.	22	N/A	N/A	6
<b>B. DEPUTISING ARRANGEMENT</b> This relates to a complaint where a doctor may not have put in place adequate arrangements to cover his or her absence.	0	0	0	N/A
<b>B1. IRRESPONSIBLE PRESCRIBING**</b> This relates to a complaint against a doctor who may have prescribed medication in a manner which was irresponsible.	N/A	N/A	N/A	10
<b>C. TREATMENT</b> This relates to a complaint against a doctor, who may have afforded inappropriate or inadequate treatment for a patient's condition.	83	81	86	121
<b>D. PROFESSIONAL STANDARDS</b> This relates to any complaints primarily relating to breaches of section 2 of the Medical Council's Guide to Professional Conduct and Ethics.	92	122	160	123
<b>E. RESPONSIBILITY TO COLLEAGUES</b> This relates to complaints whereby a doctor may have reneged on an understanding with colleagues, which would result in a risk to patient safety. It also relates to paragraphs 45, 46 and 47 of the Guide to Professional Conduct and Ethics. An example of a complaint in this category would be if a doctor delegates a task to a doctor in training, but fails to take responsibility for making sure the task is carried out safely and competently by the doctor in training.	1	0	0	0

\* In 2011, Category A removed 'Irresponsible Prescribing' to become 'Alcohol/ Drug Abuse'.

\*\* In 2011, 'Irresponsible Prescribing' replaced 'Deputising Arrangements' as Category B.

Please [click here](#) to view a breakdown of the Register.

COMPLAINTS RECEIVED BY THE  
PPC 2008 - 2011

# Appendix A

## PRELIMINARY PROCEEDINGS COMMITTEE STATISTICS

CATEGORY OF COMPLAINT	NO. OF COMPLAINTS RECEIVED			
	2008	2009	2010	2011
<b>F. FAILURE TO ATTEND</b> This relates to situations whereby the doctor does not attend to a patient.	9	10	12	7
<b>G. FAILURE TO COMMUNICATE/ RUDENESS</b> This relates to situations whereby a doctor has not demonstrated effective interpersonal skills, which would enable the exchange of information, and allow for effective collaboration with patients, their families and also with clinical and non-clinical colleagues and the broader public.	40	25	30	33
<b>H. FAILURE TO SUPPLY MEDICAL RECORDS/ REPORTS</b> This relates to a complaint about a doctor, who may have failed/refused to provide a patient with their medical records or a complaint against a doctor who may have refused to provide medical information (normally with the patient's knowledge and agreement) to another doctor when requested. It also relates to the provision of reports to solicitors, insurance companies or employers in relation to a patient the doctor may have seen or treated professionally.	14	18	22	12
<b>I. CERTIFICATION</b> This includes complaints against doctors, who may have issued inaccurate and/or illegible certificates, reports, prescriptions or other formal documents. A doctor's Medical Council Registration Number must also be included on any formal documentation issued by them. Normally, a doctor should only sign a certificate or other such prescription, report or document for a patient following a review of the patient's condition. An example of a complaint of this nature would be where a doctor refuses to provide a patient with a certificate or whereby an employer makes a complaint against a doctor about the length of certified sick leave.	1	3	3	3
<b>J. OTHER COMPLAINTS CONSIDERED</b> This relates to complaints that do not fall into the other categories of complaint. Examples of complaints, which fall into this category, include complaints relating to a doctor's fees or level of professional indemnity insurance.	14	13	32	56

Please [click here](#) to view a breakdown of the Register.

COMPLAINTS RECEIVED BY THE  
PPC 2008 - 2011

# Appendix A

## PRELIMINARY PROCEEDINGS COMMITTEE STATISTICS

CATEGORY OF COMPLAINT	NO. OF COMPLAINTS RECEIVED			
	2008	2009	2010	2011
<b>K. ADVERTISING</b> This relates to complaints regarding the advertising of the services of a doctor in a manner which is inappropriate or misleading. An example of such a complaint would be where a doctor describes himself/herself as a consultant or specialist, when he or she has not obtained the relevant qualification as approved by the Medical Council and is not registered on the Specialist Division of the Medical Council Register.	7	1	1	2
<b>L. CONVICTIONS</b> This relates to complaints where a doctor has received a court conviction.	4	2	2	6
<b>M. PHYSICAL/ MENTAL DISABILITY</b> This relates to complaints whereby a doctor may have physical or mental disability, which may impair his or her ability to practice and which may put patients at risk.	1	1	1	1
<b>P. COMPLAINTS UNSPECIFIED/ RMP UNIDENTIFIED</b> This relates to complaints which have not yet been officially opened by the Medical Council as more information is being sought.	21	2	2	0
<b>MISCELLANEOUS</b>	9			
<b>TOTAL</b>	<b>318</b>	<b>361</b>	<b>361</b>	<b>380</b>
	2008	2009	2010	2011
<b>AVERAGE NUMBER OF WEEKS FROM RECEIPT OF COMPLAINT TO FTPC/PPC DECISION</b>	12	18	16	16

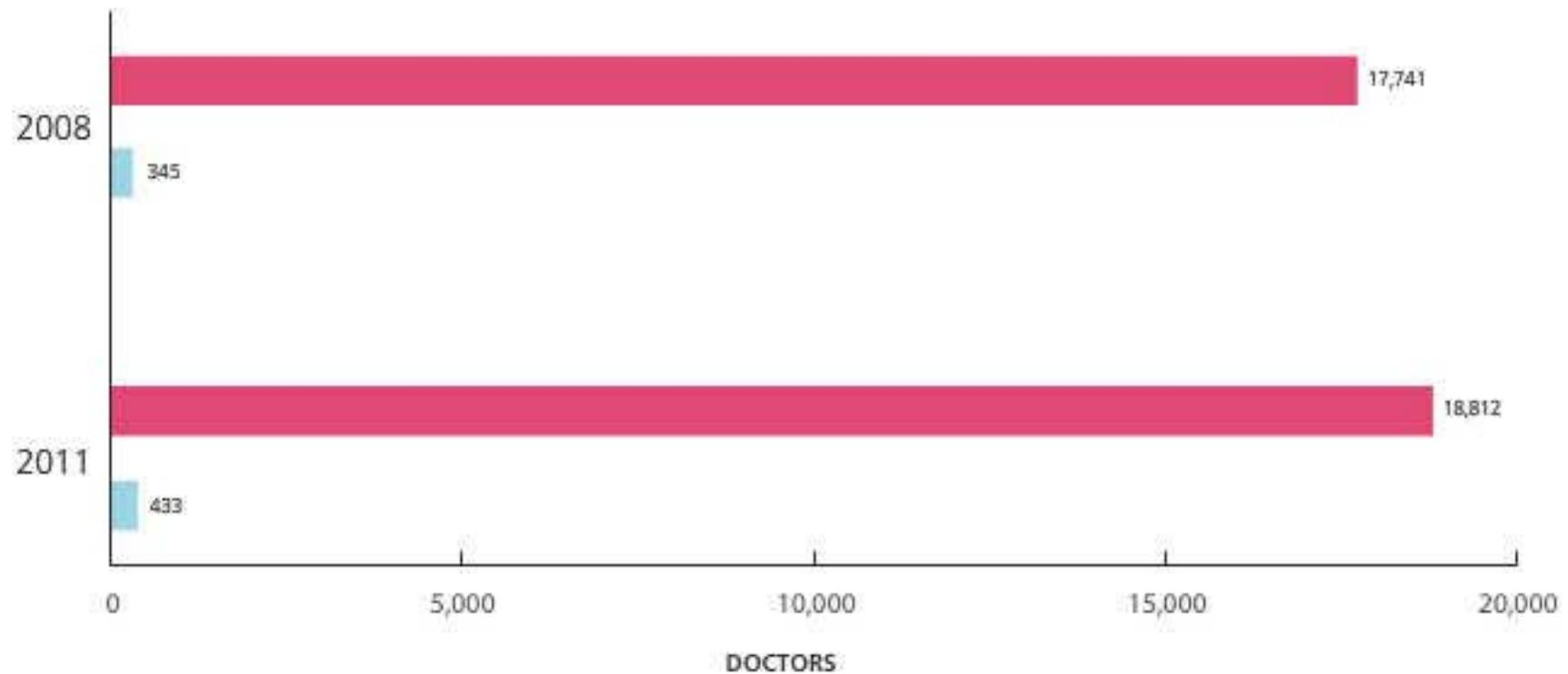
Please [click here](#) to view a breakdown of the Register.

COMPLAINTS RECEIVED BY THE  
PPC 2008 - 2011

# Appendix A

## PRELIMINARY PROCEEDINGS COMMITTEE STATISTICS

- Number of Doctors on the Register
- Number of Doctors Complained Against



In 2011, approximately **1 in every 43 doctors** on the Register was the subject of a complaint made to the Medical Council.

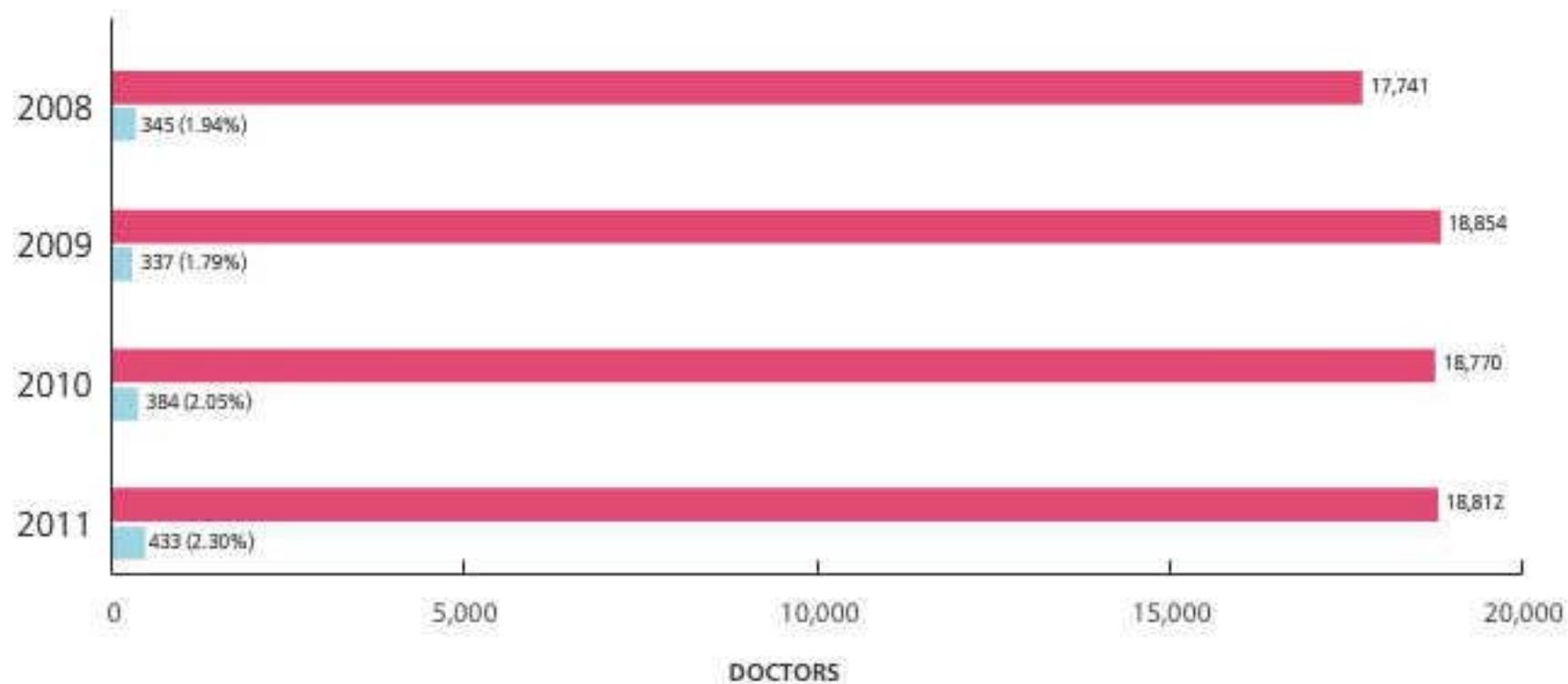
Please [click here](#) to view a breakdown of the Register.

RATIO OF COMPLAINTS RECEIVED

# Appendix A

## PRELIMINARY PROCEEDINGS COMMITTEE STATISTICS

- Number of Doctors on the Register
- Number of Doctors Complained Against



Please [click here](#) to view a breakdown of the Register.

DOCTORS WHO HAVE BEEN THE  
SUBJECT OF A COMPLAINT

# Appendix A

## PRELIMINARY PROCEEDINGS COMMITTEE STATISTICS

- 20 - 35 years
- 36 - 45 years
- 46 - 55 years
- 55 - 64 years
- 64 + years



**PF = Prima Facie Decision.**

This means that a Fitness to Practise inquiry was called.

Please [click here](#) to view a breakdown of the Register.

**NPF = No Prima Facie Decision.**

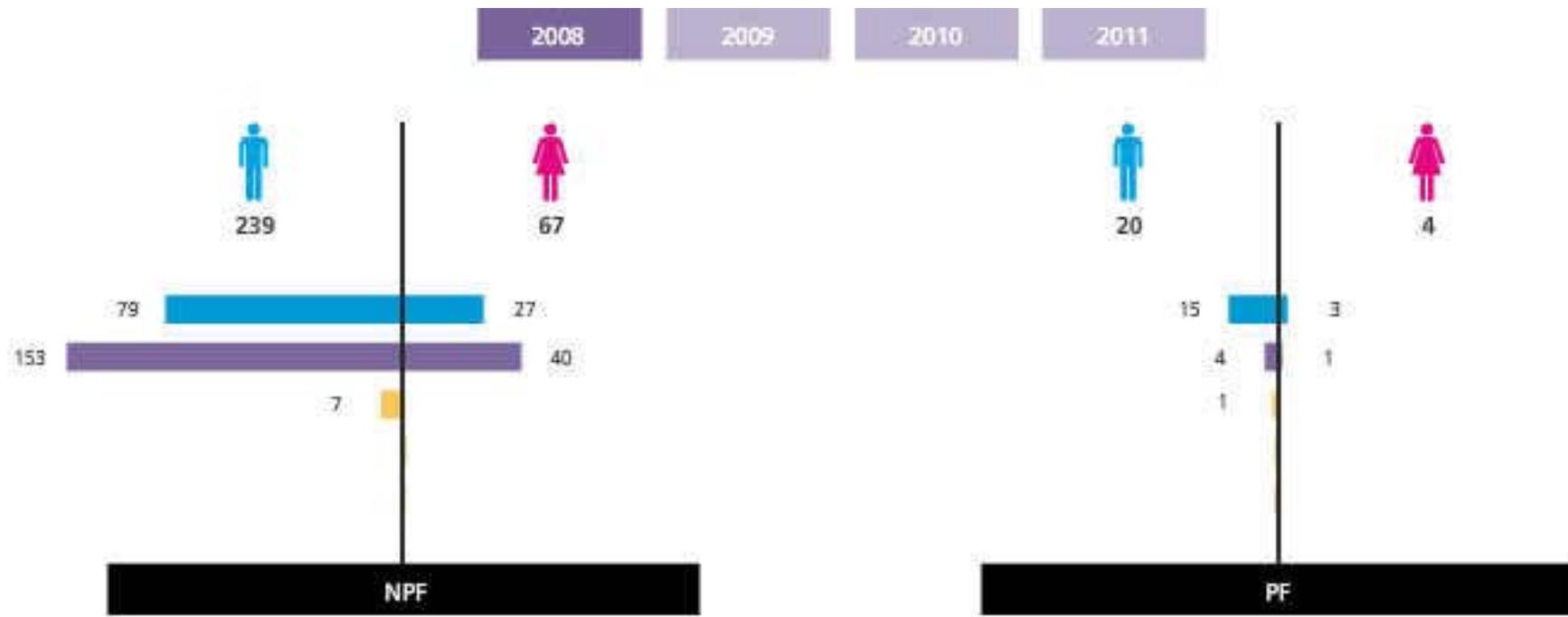
This means that a Fitness to Practise inquiry was not called. Cases within this category could also be withdrawn, referred to another body, referred to mediation or for performance assessment under the MPA 2007.

AGE RANGES

# Appendix A

## PRELIMINARY PROCEEDINGS COMMITTEE STATISTICS

- General Division
- Specialist Division
- Trainee Specialist Division
- Intern Registration
- Supervised Division



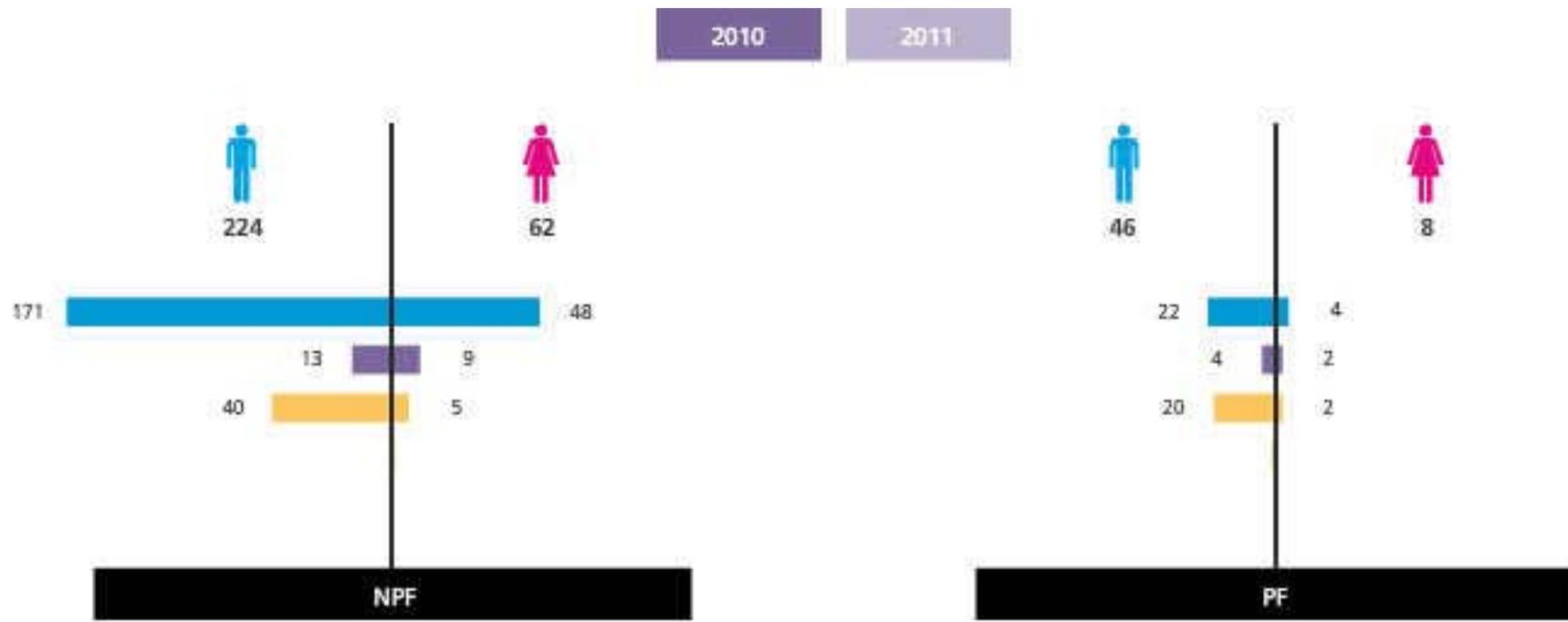
Please [click here](#) to view a breakdown of the Register.

DIVISIONS

# Appendix A

## PRELIMINARY PROCEEDINGS COMMITTEE STATISTICS

- Category 1
- Category 2 & 3
- Category 4



Please [click here](#) to view a breakdown of the Register.

CATEGORIES

# Appendix A

## PRELIMINARY PROCEEDINGS COMMITTEE STATISTICS



Please [click here](#) to view a breakdown of the Register.

COUNTRY OF ORIGIN

# Appendix A

## PRELIMINARY PROCEEDINGS COMMITTEE STATISTICS

### 2008

#### DECISIONS

PF	29
NPF	277
TOTAL DECISIONS MADE	306

DOCTORS	MALES	FEMALES	TOTAL
INVOLVED IN PF CASES	20	4	24
INVOLVED IN NPF CASES	239	67	306
NUMBER OF DOCTORS			330**
NUMBER OF INDIVIDUAL DOCTORS			326*

\* The same doctor can be involved in different cases where a complaint is made about a doctor on more than one occasion.

\*\* A complaint may involve multiple doctors. Therefore the number of doctors and the number of decisions will not match in any given year.

Please [click here](#) to view a breakdown of the Register.

### 2009

#### DECISIONS

PF	36
NPF	218
TOTAL DECISIONS MADE	254

DOCTORS	MALES	FEMALES	TOTAL
INVOLVED IN PF CASES	33	3	36
INVOLVED IN NPF CASES	197	56	253
NUMBER OF DOCTORS			289
NUMBER OF INDIVIDUAL DOCTORS			286*

ALL DECISIONS

# Appendix A

## PRELIMINARY PROCEEDINGS COMMITTEE STATISTICS

**2010**

### DECISIONS

PF	55
NPF	259
TOTAL DECISIONS MADE	314

DOCTORS	MALES	FEMALES	TOTAL
INVOLVED IN PF CASES	46	8	54
INVOLVED IN NPF CASES	224	62	286
NUMBER OF DOCTORS			340
NUMBER OF INDIVIDUAL DOCTORS			337*

\* The same doctor can be involved in different cases where a complaint is made about a doctor on more than one occasion.

\*\* A complaint may involve multiple doctors. Therefore the number of doctors and the number of decisions will not match in any given year.

Please [click here](#) to view a breakdown of the Register.

**2011**

### DECISIONS

PF	39
NPF	328
TOTAL DECISIONS MADE	367

DOCTORS	MALES	FEMALES	TOTAL
INVOLVED IN PF CASES	35	3	38
INVOLVED IN NPF CASES	290	101	391
NUMBER OF DOCTORS			429
NUMBER OF INDIVIDUAL DOCTORS			424*

ALL DECISIONS

# Appendix A

## THE REGISTER OF MEDICAL PRACTITIONERS 2008-2011

### Maintaining the Register of Doctors

The Medical Council ensures that only properly qualified doctors are registered and allowed to practise in Ireland. The Medical Council's register lists the details of these doctors, whose qualifications are recognised by the Council. It provides assurance to the public of a doctor's good standing and continuing competence.

The Register is published on [www.medicalcouncil.ie](http://www.medicalcouncil.ie) so that the public can check whether a doctor is listed.

In order to remain on the Register, doctors must pay an annual retention fee and complete an annual declaration, validating their ability to practise medicine. From 2012, all doctors will be required to demonstrate that they have fulfilled the professional competence requirements, which came into effect in May 2011.

In certain circumstances, the Medical Council has the power to remove or suspend a doctor from the Register or impose certain conditions on his or her registration.

### Routes to Registration

When doctors apply for registration with the Medical Council they must indicate under which division they are applying, however, it is the Council which determines the division to which a doctor is registered. There are five divisions on the Register:

#### 1. Trainee Specialist Division

This includes internship registration for medical graduates, who are completing a 12-month internship in a hospital recognised by the Medical Council. Graduates of most medical schools in Ireland and the rest of the EU can apply for internship registration.

This division also includes qualified doctors, who are in approved postgraduate training posts. This training normally takes place in a hospital, health institution, clinic, medical practice or other health service setting approved by the Council. All applicants to this division must have been awarded a document, which is at least the equivalent of the Certificate of Experience (Internship Certificate). Doctors from outside the EU/EEA who received their qualification outside of the EU/EEA must also pass or have been exempted from the

Pre-Registration Examination System (PRES). The PRES tests a candidate's factual knowledge and clinical skills of the main clinical disciplines.

#### 2. General Division

This includes qualified doctors, who have not engaged in specialist training recognised by a relevant training body in Ireland and who do not work in an individually numbered postgraduate training position. All applicants for this division must have a recognised basic medical degree from a medical school in Ireland or another EEA country or Switzerland or have been awarded a document which is at least the equivalent of the Certificate of Experience (Internship Certificate) or have passed or been exempted from the PRES.

#### 3. Specialist Division

This includes doctors, who have completed specialist training recognised by the Medical Council and can practise independently as a specialist.

# Appendix A

## THE REGISTER OF MEDICAL PRACTITIONERS 2008-2011

### 4. Visiting EEA Registration

This includes doctors who are citizens of EEA countries and who are fully established to practise medicine in an EEA country. These doctors may practise medicine in Ireland on a temporary and occasional basis without having to take out specialist or general registration. This form of registration is limited, as stated to temporary and occasional bases and cannot exceed 30 days annually.

### 5. Supervised Division

This division was established in July 2011, and includes doctors employed by the HSE, who are in a supervised post in a hospital setting approved by the Medical Council. Before an applicant is registered in this division, the HSE must propose the candidates to the Medical Council, including the specialty of the post, the duties the doctor will be charged with and the supervisory arrangements which will be in place. The candidate must also complete a clinical examination in the area of specialty they will be working in, measuring competence in the areas of clinical judgement, communication and data interpretation.

### Categories of Applicants

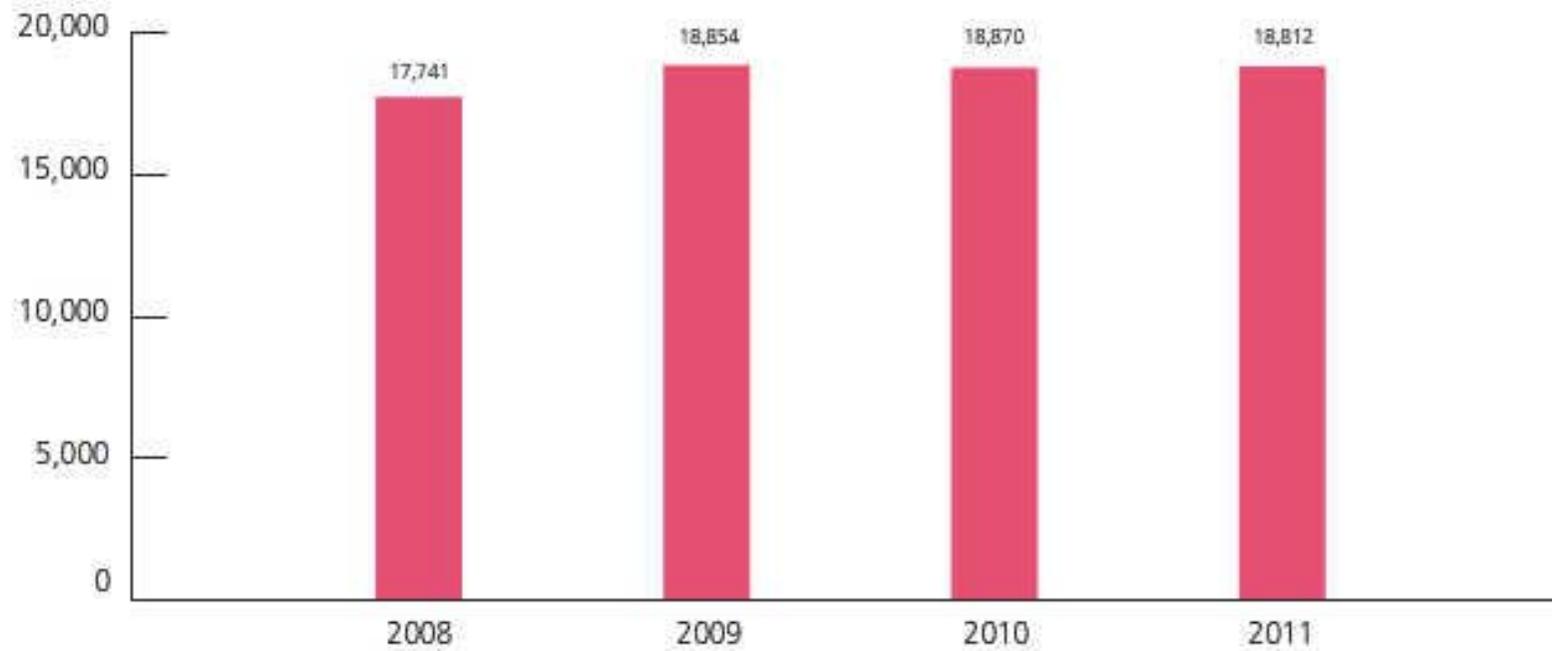
The four main categories of applicants for either the General Division or Specialist Division are:



ABOUT THE REGISTER

# Appendix A

## THE REGISTER OF MEDICAL PRACTITIONERS 2008-2011



### MPA 2007, SECTION 55 (3) - CORRECTION OF THE REGISTER

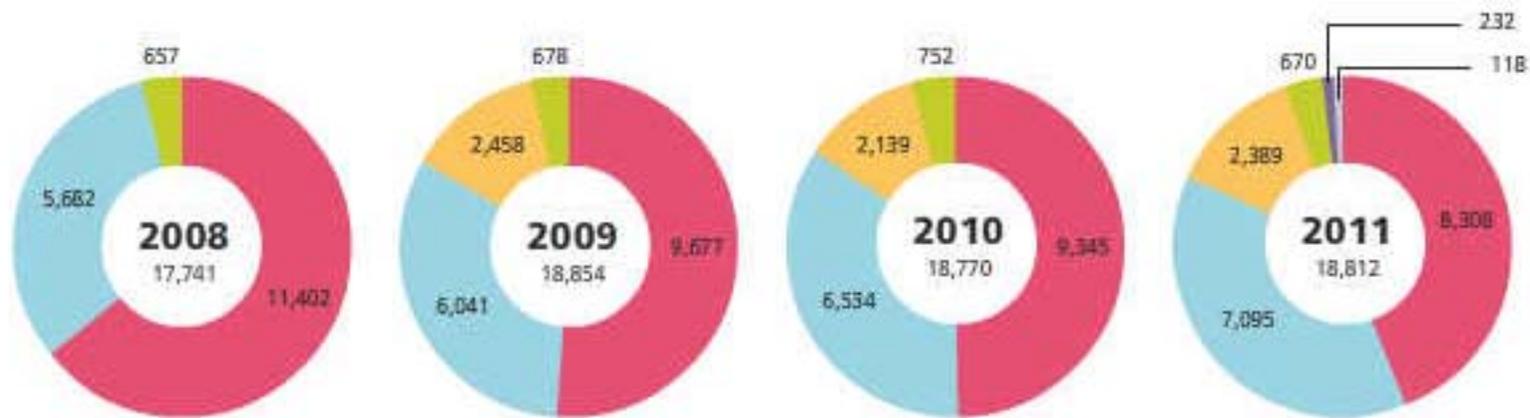
The Council shall take such steps as it considers necessary from time to time to ensure that the particulars entered in the register are accurate.

NUMBER OF DOCTORS ON THE REGISTER

# Appendix A

## THE REGISTER OF MEDICAL PRACTITIONERS 2008-2011

- General Division
- Specialist Division
- Trainee Specialist Division
- Intern Registration
- Supervised Division
- VEEA

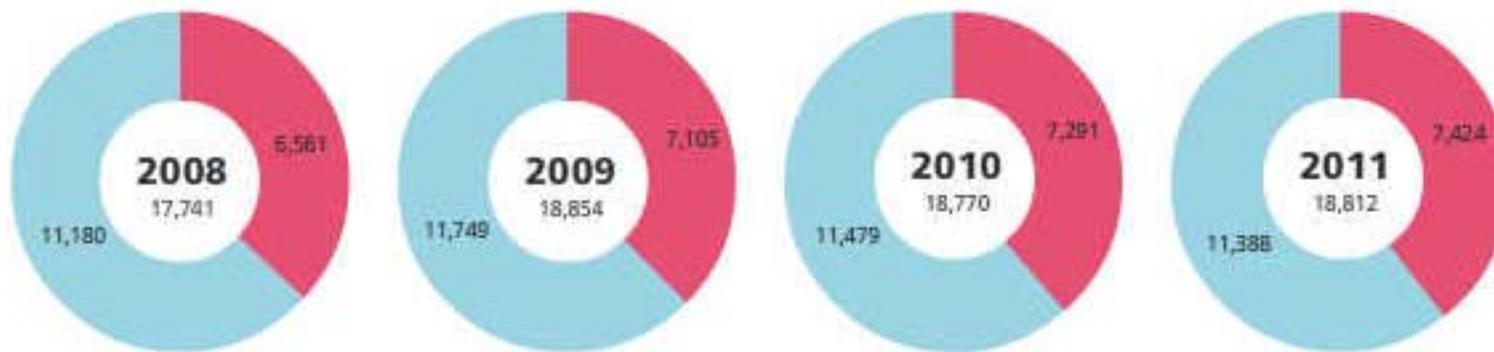


BREAKDOWN BY DIVISION

# Appendix A

## THE REGISTER OF MEDICAL PRACTITIONERS 2008-2011

Male  
Female



BREAKDOWN BY GENDER

# Appendix A

## THE REGISTER OF MEDICAL PRACTITIONERS 2008-2011

SPECIALTY	2008	2009	2010	2011
Anaesthesia	427	436	508	535
Cardiology	99	99	121	128
Cardiothoracic Surgery	22	21	25	30
Chemical Pathology	7	8	7	8
Child and Adolescent Psychiatry	87	98	121	131
Clinical Genetics	3	3	6	6
Clinical Neurophysiology	5	6	9	9
Clinical Pharmacology and Therapeutics	15	14	15	14
Dermatology	42	43	54	56
Emergency Medicine	66	67	85	88
Endocrinology and Diabetes Mellitus	46	49	62	71
Gastroenterology	80	82	106	112
General (Internal) Medicine	431	438	539	592
General Practice	1,626	1,826	2,270	2,562
General Surgery	211	217	255	267

SPECIALTY	2008	2009	2010	2011
Genito-Urinary Medicine	7	7	7	7
Geriatric Medicine	69	72	91	101
Haematology (Clinical & Laboratory)	58	63	74	80
Histopathology	119	124	161	174
Immunology	7	7	7	6
Infectious Diseases	13	15	19	25
Medical Oncology	30	32	44	51
Microbiology	45	47	58	66
Nephrology	31	33	46	46
Neurology	36	38	51	55
Neuropathology	4	4	4	5
Neurosurgery	20	20	23	25
Obstetrics and Gynaecology	165	168	209	225
Occupational Medicine	89	91	94	95
Ophthalmic Surgery	73	77	95	94

BREAKDOWN BY SPECIALTY

# Appendix A

## THE REGISTER OF MEDICAL PRACTITIONERS 2008-2011

SPECIALTY	2008	2009	2010	2011
Ophthalmology	124	129	146	145
Oral and Maxillo-Facial Surgery	14	14	17	17
Otolaryngology	68	65	84	85
Paediatric Cardiology	1	2	3	3
Paediatric Surgery	10	9	9	12
Paediatrics	217	219	261	290
Palliative Medicine	31	32	37	39
Pharmaceutical Medicine	0	0	0	7
Plastic, Reconstructive & Aesthetic Surgery	53	50	60	63
Psychiatry	396	405	449	473
Psychiatry of Learning Disability	34	34	34	36
Psychiatry of Old Age	47	48	61	72

SPECIALTY	2008	2009	2010	2011
Public Health Medicine	88	91	103	110
Radiation Oncology	33	34	43	44
Radiology	284	280	344	356
Rehabilitation Medicine	9	10	14	13
Respiratory Medicine	83	81	95	98
Rheumatology	43	44	52	59
Sports and Exercise Medicine	22	23	27	29
Trauma and Orthopaedic Surgery	137	143	166	177
Tropical Medicine	2	2	2	2
Urology	53	49	61	61
<b>TOTALS</b>	<b>5,682</b>	<b>5,969</b>	<b>7,234</b>	<b>7,855</b>

BREAKDOWN BY SPECIALTY

# Appendix A

## THE REGISTER OF MEDICAL PRACTITIONERS 2008-2011

SPECIALTY	2008	2009	2010	2011
Anaesthesia	427	436	508	535
Medicine	1,076	1,102	1,370	1,496
Emergency Medicine	66	67	85	88
General Practice	1,626	1,826	2,270	2,562
Obstetrics & Gynaecology	165	168	209	225
Occupational Health	89	91	94	95
Ophthalmology	124	129	146	145
Paediatrics	217	219	264	290
Pathology	240	253	311	337
Psychiatry	564	585	665	712
Public Health Medicine	88	91	103	110
Radiology	317	314	387	400
Sports and Exercise Medicine	22	23	27	29
Surgery	661	665	795	831
<b>TOTAL</b>	<b>5,682</b>	<b>5,969</b>	<b>7,234</b>	<b>7,855</b>

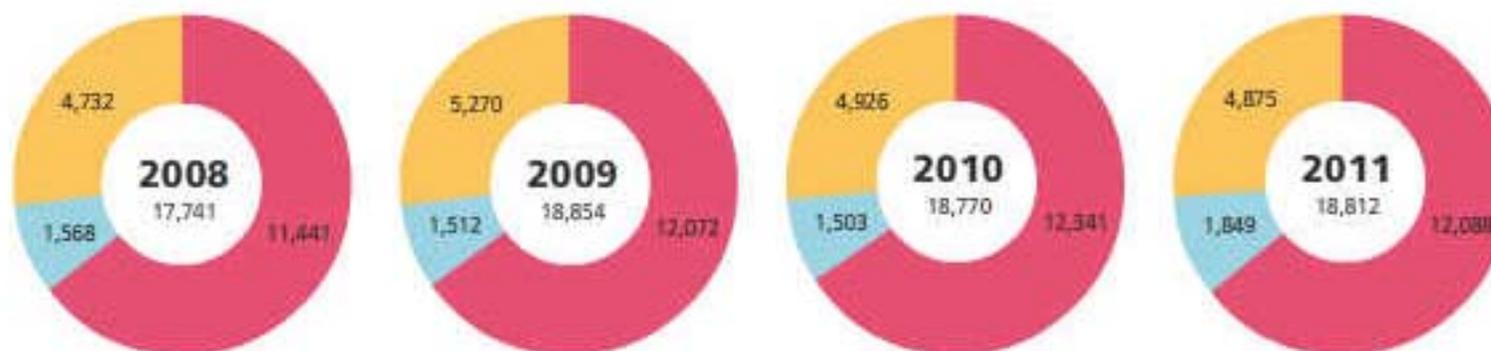
Note: Doctors may be entered on the Specialist Division in one or more specialty categories.

**BREAKDOWN BY MAJOR  
SPECIALTY GROUPING**

# Appendix A

## THE REGISTER OF MEDICAL PRACTITIONERS 2008-2011

- Category 1
- Category 2 & 3
- Category 4



**NOTE:**

For the purposes of this report, Category 2 & 3 have been combined so that this illustrates the number of doctors which have graduated from EU Medical Schools and/or whose qualifications would be recognised under EU Directive 2005/36/EC (recognition of professional qualifications) if they were an EU citizen.

BREAKDOWN BY CATEGORY

# Appendix A

## THE REGISTER OF MEDICAL PRACTITIONERS 2008-2011

COUNTRY OF QUALIFICATION		COUNTRY OF QUALIFICATION		COUNTRY OF QUALIFICATION	
Afghanistan	1	Congo	1	India	511
Albania	2	Costa Rica	1	Iran, Islamic Republic of	6
Algeria	1	Croatia	4	Iraq	86
Argentina	5	Cuba	2	Ireland	12,088
Armenia	2	Czech Republic	74	Italy	52
Australia	162	Denmark	3	Jordan	11
Austria	5	Ecuador	2	Kenya	3
Bahrain	3	Egypt	216	Kuwait	1
Bangladesh	18	Ethiopia	6	Latvia	34
Belarus	13	Finland	1	Libyan Arab Jamahiriya	96
Belgium	15	France	26	Lithuania	24
Brazil	4	Germany	124	Malawi	1
Bulgaria	41	Ghana	4	Malaysia	8
Cameroon	1	Greece	14	Malta	8
Canada	4	Grenada	2	Mexico	6
Cayman Islands	1	Haiti	16	Morocco	1
China	3	Hungary	151	Myanmar	3

BREAKDOWN BY COUNTRY  
OF QUALIFICATION 2011

# Appendix A

## THE REGISTER OF MEDICAL PRACTITIONERS 2008-2011

COUNTRY OF QUALIFICATION		COUNTRY OF QUALIFICATION		COUNTRY OF QUALIFICATION	
Netherlands	30	Seychelles	1	United States of America	28
Netherlands Antilles	1	Slovakia	54	Uzbekistan	3
New Zealand	43	Slovenia	2	Venezuela (Bolivarian Republic of)	2
Nigeria	478	South Africa	1,105	Yemen	2
Northern Ireland	2	Spain	36	Yugoslavia	3
Oman	6	Sri Lanka	3	Zambia	2
Pakistan	1,313	Sudan	546	Zimbabwe	6
Palestinian Territory	1	Sweden	9	<b>TOTAL</b>	<b>18,798</b>
Panama	1	Switzerland	7		
Peru	1	Syrian Arab Republic	25		
Philippines	7	The Republic of Macedonia	1	TOTAL NATIONAL:	12,088
Poland	224	Trinidad and Tobago	4	TOTAL EU:	1,856
Portugal	5	Turkey	5	TOTAL NON EU:	4,854
Republic of Moldova	11	Ukraine	16	GRAND TOTAL:	18,798
Romania	226	United Arab Emirates	2		
Russian Federation	24	United Kingdom	689		
Saudi Arabia	5	United Republic of Tanzania	2		

TOTAL NATIONAL:	12,088
TOTAL EU:	1,856
TOTAL NON EU:	4,854
GRAND TOTAL:	18,798

**NOTE:**  
Please note that Register reports are run at intervals during the year and as such the total of the Register is subject to slight variances during the year.

### BREAKDOWN BY COUNTRY OF QUALIFICATION 2011

# Appendix A

## OVERVIEW OF 2011 WEBSITE STATISTICS

**452,060** visits to [www.medicalcouncil.ie](http://www.medicalcouncil.ie)

**195,017** unique visitors

**2,901,633** page views



OVERVIEW

# Appendix A

## OVERVIEW OF 2011 WEBSITE STATISTICS



LOCATION OF VISITS

# Appendix B

## Council Attendance 2011

MEMBER	JAN 18th	MAR 2nd + 3rd	MAR 14th (E)	MAR 29th (E)	APR 14th	MAY 4th (E)	MAY 31st + JUN 1st	JUN 22nd (E)	JUL 11th (E)	JUL 13th	JUL 18th (E)	SEPT 14th + 15th	OCT 25th	DEC 14th + 15th	TOTAL MEETINGS 8 Scheduled 6 Extraordinary (E)
*Mr Jon Billings	•				•		•								3
Dr Richard Brennan	•	•			•		•			•	•	•	•	•	8 + 1 (E)
Mr Brendan Broderick	•	•			•		•	•	•	•	•	•		•	7 + 3 (E)
Ms Katharine Bulbulia	•	•		•	•	•	•	•	•	•		•	•	•	8 + 4 (E)
Professor Gerard Bury		•	•		•		•	•			•	•		•	5 + 3 (E)
Mrs Anne Carrigy	•	•	•				•	•	•	•	•		•	•	6 + 4 (E)
Dr Anna Clarke (Vice-President)	•	•	•	•	•	•	•	•	•	•		•	•	•	8 + 5 (E)
Dr Regina Connolly	•		•						•	•	•	•		•	4 + 3 (E)
Professor Anthony Cunningham	•	•			•	•	•				•				4 + 2 (E)
Dr Pauline Kane	•	•					•			•		•			5
+Ms Marie Kehoe													•		1
Dr Deirdre Madden	•	•	•		•		•					•		•	6 + 1 (E)
Dr John McAdoo		•	•		•	•	•			•		•	•	•	7 + 2 (E)
Professor Damien McLoughlin	•	•								•				•	4
Mr Frank McManus	•	•	•		•	•	•		•	•		•	•	•	8 + 3 (E)

# Appendix B

## Council Attendance 2011 (Continued)

MEMBER	JAN 18th	MAR 2nd + 3rd	MAR 14th (E)	MAR 29th (E)	APR 14th	MAY 4th (E)	MAY 31st + JUN 1st	JUN 22nd (E)	JUL 11th (E)	JUL 13th	JUL 18th (E)	SEPT 14th + 15th	OCT 25th	DEC 14th + 15th	TOTAL MEETINGS 8 Scheduled 6 Extraordinary (E)
Dr John Monaghan	•	•								•		•	•	•	6
Ms Marie Murray	•	•		•	•	•		•	•	•	•	•		•	6 + 5(E)
Professor Kieran Murphy (President)	•	•	•	•	•		•	•	•	•	•	•	•	•	8 + 5(E)
Ms Margaret Murphy	•	•			•	•	•					•	•	•	7 + 1(E)
Professor Diarmuid O'Donoghue	•	•	•	•	•		•		•	•	•	•		•	7 + 4(E)
Dr Daniel O'Hare	•			•	•		•	•	•	•	•	•		•	6 + 4(E)
Dr David O'Keefe	•	•			•	•	•		•	•		•		•	7 + 2(E)
Dr John O'Mullane	•	•	•	•	•		•	•		•	•	•			6 + 4(E)
Professor William Powderly	•			•	•		•		•	•		•	•	•	7 + 2(E)
**Professor James Slevin	•				•	•	•								3 + 1(E)
++Dr Michael Ryan													•	•	2

NOTE: There were six Extraordinary Council meetings called during 2011. These took place on 14th March, 29th March, 4th May, 22nd June, 11th July and 18th July and have been included in the above attendance table.

\*Mr Jon Billings – Replacement pending following resignation in June 2011.

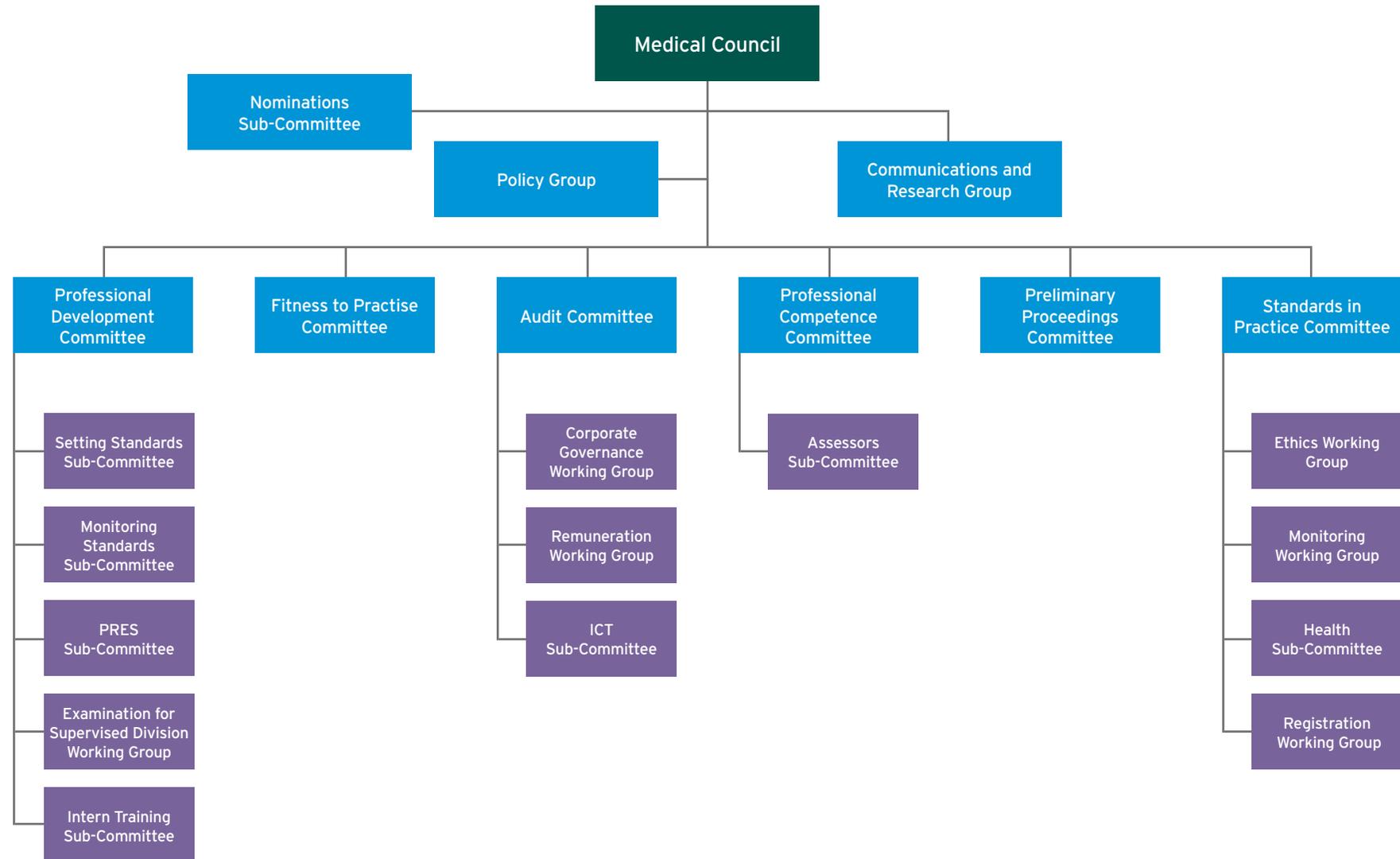
\*\*Professor James Slevin – Resigned in June 2011.

+Ms Marie Kehoe – Membership from October 2011 in replacement of Ms Mary Culliton.

++Dr Michael Ryan – Membership from October 2011 in replacement of Professor James Slevin.

# Appendix C

## Medical Council Committee & Working Group Structure



# Appendix D

## Committee Attendance 2011

### Audit Committee

MEMBER	JAN 18th	FEB 17th	MAR 21st	APR	MAY 10th	JUN 22nd	JUL	AUG	SEPT 7th	OCT	NOV	DEC 5th	TOTAL MEETINGS
Professor Damien McLoughlin (Chair)		•	•		•	•			•			•	6
Mrs Anne Carrigy		•	•		•	•						•	5
Mr Stephen McGovern		•	•		•	•			•			•	6
Mr Frank McManus		•	•						•				3
Dr Terry McWade		•	•		•	•			•				5
Professor William Powderly		•	•		•	•			•				5
*Professor James Slevin					•								1

\*Professor James Slevin – Resigned from Council in June 2011.

# Appendix D

## Committee Attendance 2011 (Continued)

### Fitness to Practise Committee - Number of Inquiries attended in 2011 (Under the Medical Practitioners Act 2007)

MEMBER	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL ATTENDANCE
*Professor James Slevin (Chair – Resigned in June)		1											1
Dr Daniel O’Hare (Chair – June 2011 till present)			2		2	3	1	1	5	4	3	1	22
Ms Grace Barry									1				1
Dr Richard Brennan	1		1	1	2							3	8
Mr Brendan Broderick			1	1	1		1		1	1		1	7
Mr Michael Brophy						2			4	1			7
Ms Mary Buckley			1	1					1				3
Dr Abdul Bulbulia			3						2	1		1	7
Mr Robert Burke													0
Professor Gerard Bury									2				2
Dr Regina Connolly					1								1
Dr Geraldine Corrigan					1								1
Professor Anthony Cunningham													0
Ms Mary Culliton	3	1	1									1	6

# Appendix D

## Committee Attendance 2011 (Continued)

MEMBER	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL ATTENDANCE
Mr Denis Doherty									2				2
Ms Annette Durkan	1												1
Ms Catherine Earley		4	1		4	1	1	1	1	2	1	2	18
Mr Tom C. Ewing		4		1								3	8
Dr Nuala Healy	3					2	1		3	1			10
Dr Brendan Healy			1							1		2	4
Dr Mary Henry		2	1	1	1	1		1	1	2	3	1	14
Ms Winifred Jeffers							1						1
Mr Stephen Kealy			2										2
**Ms Marie Kehoe												1	1
Mr John Kincaid	2				2				1				5
Dr Deirdre Madden			2							1			3
Dr Michael McDermott			1		1		1						3
Professor Damien McLoughlin	1												1

# Appendix D

## Committee Attendance 2011 (Continued)

### Fitness to Practise Committee - Number of Inquiries attended in 2011 (Under the Medical Practitioners Act 2007)

MEMBER	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL ATTENDANCE
Dr John Monaghan		4							1				5
Mr Peter Mooney	1		1		1								3
Professor David Morgan										1		1	2
Ms Meg Murphy	2	1											3
Mr Paul Murphy		1	1		1				1	1		3	8
Dr Tim O'Neill				1						1	2	1	5
***Ms Melanie Pine												1	1
Professor William Powderly	1												1
Ms Catherine Rawluk												1	1
****Dr Michael Ryan												1	1
Ms Joan Tattan-Dennis			1						3				4

NOTE: Inquiries are heard by a Fitness to Practise 'Panel' which is made up of three members of the Fitness to Practise Committee, two non-medical and one medical member. The Chairperson of the Inquiry Panel is a member of the Medical Council.

\*Professor James Slevin – Replaced as Chair of the Committee by Dr Daniel O'Hare following his resignation from Council in June 2011.

\*\*Ms Marie Kehoe – Appointed to Committee in October 2011

\*\*\*Ms Melanie Pine - Appointed to Committee in September 2011

\*\*\*\*Dr Michael Ryan - Appointed to Committee in October 2011

# Appendix D

## Committee Attendance 2011 (Continued)

### Fitness to Practise Committee - Number of Inquiries attended in 2011 (Under the Medical Practitioners Act 1978)

MEMBER	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL ATTENDANCE
Ms Mary Gilsean	2	2	1	2	1		1						9
Dr Brendan Healy		1	1	2	1	1	1						7
Dr Miriam Hogan	2	1											3
Dr Eamonn McGuinness		1	1	2	1		1						6
Professor Arthur Tanner						1							1
Ms Margo Topham						1							1
Dr Bernard Ruane	2	1											3

# Appendix D

## Committee Attendance 2011 (Continued)

### Preliminary Proceedings Committee

MEMBER	JAN 24th	FEB	MAR 16th	APR	MAY 4th	JUN 9th	JUL 21st	AUG	SEPT 6th	OCT 20th	NOV	DEC 2nd	TOTAL MEETINGS 8
Mr Frank McManus (Chair)	•		•		•	•	•		•	•		•	8
Ms Katharine Bulbulia	•		•		•	•			•	•		•	7
Dr Tony Carney					•		•		•	•		•	5
Mrs Anne Carrigy	•		•			•	•						4
Dr John Casey			•		•	•	•		•	•		•	7
Ms Mary Gamble					•								1
Professor Frank Keane	•				•		•			•			4
Dr Angela McNamara	•		•		•	•	•			•		•	7
Ms Margaret Murphy	•				•	•	•			•		•	6
Dr Philip Murphy	•				•	•	•			•			5
Ms Ailis Ní Riain										•		•	2
Professor Diarmuid O'Donoghue	•		•			•	•		•			•	6
Dr David O'Keeffe	•		•		•	•	•		•	•			7

# Appendix D

## Committee Attendance 2011 (Continued)

### Professional Competence Committee

MEMBER	JAN	FEB 24th	MAR 24th	APR	MAY 4th	JUN 9th	JUL 21st	AUG 18th	SEPT 27th	OCT 20th	NOV 30th	DEC	TOTAL MEETINGS
Dr David O'Keeffe (Chair)		•	•		•	•	•	•	•	•	•		9
Dr Richard Brennan		•	•			•	•	•			•		6
Ms Katharine Bulbulia		•	•		•	•		•	•		•		7
Mr Paddy Duggan		•	•		•			•		•	•		6
Professor Paul Finucane			•				•		•				3
Dr Niamh Macey		•	•				•		•				4
Ms Anne Maher			•		•	•			•	•	•		6
Dr John McAdoo		•	•		•	•	•	•	•		•		7
Professor Kieran Murphy (President)		•							•	•	•		5
Professor Conor O'Keane			•				•		•				4
Dr Ellen O'Sullivan					•				•		•		3
*Dr Sheila Rochford		•	•		•	•							4
+Dr Mary Sheehan								•	•	•	•		4
Professor Arthur Tanner		•	•			•	•		•	•	•		8
Ms Mary Vasseghi		•	•			•			•				4
Dr Consilia Walsh		•	•				•	•	•	•			7

\*Dr Sheila Rochford - resigned in June 2011

+Dr Mary Sheehan - Membership from August 2011 in replacement of Dr Sheila Rochford

# Appendix D

## Committee Attendance 2011 (Continued)

### Professional Development Committee

MEMBER	JAN 10th	FEB 15th	MAR 29th	APR 11th	MAY 10th	JUN 22nd	JUL 4th + 5th	AUG 23rd	SEPT	OCT	NOV 22nd	DEC 2nd	TOTAL MEETINGS 10
Professor William Powderly (Chair)	•	•	•	•	•		•	•			•	•	9
*Mr Jon Billings													0
Ms Katharine Bulbulia		•	•		•	•	•				•	•	7
Professor Gerard Bury		•			•	•	•				•		5
Dr Anna Clarke (Vice-President)	•	•	•	•	•	•	•				•	•	9
Professor Anthony Cunningham	•			•									2
Dr Pauline Kane		•					•						2
Dr John McAdoo		•		•	•		•				•	•	6
Mr Frank McManus	•	•					•					•	4
Professor Kieran Murphy (President)	•	•	•		•	•	•	•			•	•	9
Ms Marie Murray	•		•	•	•	•	•	•			•		8
Professor Diarmuid O'Donoghue		•	•		•		•				•		5
Dr John O'Mullane		•	•										2

\*Mr Jon Billings – Resigned from Council in June 2011.

# Appendix D

## Committee Attendance 2011 (Continued)

### Standards in Practice Committee

MEMBER	JAN	FEB 10th	MAR 31st	APR	MAY 12th	JUN 16th	JUL	AUG	SEPT 1st	OCT 13th	NOV	DEC 1st	TOTAL MEETINGS 7
Dr Anna Clarke (Chair)		•	•		•	•			•			•	6
Dr Richard Brennan		•	•		•	•			•	•		•	7
Professor Gerard Bury		•				•			•	•		•	5
Dr Regina Connolly					•	•			•	•			4
Dr Ciaran Craven			•		•					•			3
Ms Mary Culliton			•		•	•				•		•	5
Professor Anthony Cunningham													0
*Dr Pauline Kane													0
Dr Deirdre Madden			•										1
Dr John Monaghan		•			•	•				•			4
Professor Kieran Murphy (President)		•	•			•			•	•		•	6

\*Dr Pauline Kane – Resigned from Committee in February 2011.

# Appendix E

## Working Group/ Sub-Committee Attendance 2011

### Health Sub-Committee

MEMBER	JAN	FEB 3rd	MAR 24th	APR	MAY 5th	JUN 30th	JUL	AUG 25th	SEPT	OCT 6th	NOV 17th	DEC	TOTAL MEETINGS 7
Dr Richard Brennan (Chair)			•		•	•		•		•	•		6
*Mr Rolande Anderson					•	•		•					3
Dr Abdul Bulbulia		•	•		•	•		•		•	•		7
Ms Mary Duff		•	•		•			•			•		5
**Dr Blainaid Hayes						•		•		•			3
Dr Ann Jackson					•								1
Ms Veronica Larkin		•	•					•			•		4
Dr John Latham		•	•		•	•		•			•		6
***Dr Timothy Lynch													0
Dr Claire McNicholas		•			•			•		•	•		5
Dr John O'Connor			•			•							2
Dr Siobhan Rooney						•							1
Dr Peter Staunton		•	•		•	•				•	•		6

\* Rolande Anderson – Appointed to Sub-Committee in April 2011.

\*\* Blainaid Hayes – Appointed to Sub-Committee in April 2011.

\*\*\* Dr Timothy Lynch is a member of the Health Sub-Committee who is called upon when specific expert advice is required.

# Appendix E

## Working Group/ Sub-Committee Attendance 2011 (Continued)

### ITC Sub-Committee

MEMBER	JAN	FEB	MAR	APR 26th	MAY	JUN	JUL	AUG 24th	SEPT	OCT	NOV	DEC 20th	TOTAL MEETINGS
Mr Marcus Balfe				•				•				•	3
Mr Jean-Christophe Displat				•				•				•	3
Ms Eileen Fitzgerald				•				•				•	3
Mr Jim McDermott				•				•				•	3

NOTE: Ms Eileen Fitzgerald and Mr Jean-Christophe Displat chair the Sub-Committee on a rotational basis.

# Appendix E

## Working Group/ Sub-Committee Attendance 2011 (Continued)

### Intern Training Sub-Committee

MEMBER	JAN	FEB 1st	MAR 8th	APR 12th	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL MEETINGS 3
Ms Katharine Bulbulia		•											1
Professor Gerard Bury		•	•	•									3
Professor Fidelma Dunne		•	•	•									3
Dr Chris Fitzpatrick				•									1
Professor Michael Kerin													0
Professor Shaun McCann		•	•										2
Professor Eilis McGovern			•										1
Dr Siobhan McHale		•		•									2
Professor T J McKenna			•	•									2
Mr Stephen McMahan		•	•										2
Ms Ciara Mellett		•	•	•									3
Dr Daragh Moneley		•		•									2
Dr Margaret O'Connor		•											1

# Appendix E

## Working Group/ Sub-Committee Attendance 2011 (Continued)

MEMBER	JAN	FEB 1st	MAR 8th	APR 12th	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL MEETINGS
Professor Diarmuid O'Donoghue		•	•	•									3
Dr Dermot Power		•											1
Professor William Powderly				•									1
Dr Matthew Sadlier		•	•	•									3
Professor Cillian Twomey		•											1

# Appendix E

## Working Group/ Sub-Committee Attendance 2011 (Continued)

### Nominations Sub-Committee

MEMBER	FEB 9th	FEB 22nd	MAR 29th	APR 28th	JUN 20th	JUL 8th	JUL 26th	AUG 24th	SEPT 6th	OCT 5th	NOV 2nd	NOV 30th	TOTAL MEETINGS 12
Professor Kieran Murphy (Chair)	•	•	•	•	•	•	•	•	•	•	•	•	12
Mr Brendan Broderick	•	•	•	•	•	•	•	•	•	•	•	•	12
Dr Anna Clarke (Vice-President)	•	•	•	•	•	•	•	•	•	•	•	•	12
Professor Anthony Cunningham	•	•	•	•	•	•	•	•	•	•	•	•	12
Dr Pauline Kane	•	•	•	•	•	•	•	•	•	•	•	•	12
Ms Margaret Murphy	•	•	•	•	•	•	•	•	•	•	•	•	12
Dr Daniel O'Hare	•	•	•	•	•	•	•	•	•	•	•	•	12
Professor William Powderly	•	•	•	•	•	•	•	•	•	•	•	•	12

# Appendix E

## Working Group/ Sub-Committee Attendance 2011 (Continued)

### PRES Sub-Committee

MEMBER	JAN	FEB	MAR	APR	MAY	JUN 15th	JUL 26th	AUG	SEPT	OCT	NOV	DEC 14th	TOTAL MEETINGS
Professor William Powderly (Chair)							•						1
Mr Brendan Broderick						•	•						2
Professor Gerard Bury							•					•	2
Dr Geoff Chadwick						•						•	2
Mr Gerard Flaherty						•	•					•	3
Dr Martina Hennessy						•						•	2
Dr David O'Keeffe													0

Note: Dr Deirdre McGrath, Dr Siún O'Flynn and Ms Denise O'Mara are members of Pres Sub-Committee who are called upon when specific expert advice is required.

# Appendix E

## Working Group/ Sub-Committee Attendance 2011 (Continued)

### Corporate Governance Working Group

MEMBER	JAN	FEB	MAR	APR	MAY 31st	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL MEETINGS
*Professor James Slevin (Chair)					●								1
Mr Marcus Balfe					●								1
**Mr Jon Billings													0
Ms Anne Carrigy					●								1
Dr Anna Clarke (Vice-President)													0
Dr Anne Keane					●								1
Professor Damien McLoughlin													0
Professor Kieran Murphy (President)					●								1
Ms Lisa Molloy					●								1
Dr Daniel O' Hare													0
Ms Caroline Spillane (CEO)					●								1

Note: The disbandment of the Corporate Governance Working Group, following completion of the series of corporate governance documentation at the May meeting, was approved by Council.

# Appendix E

## Working Group/ Sub-Committee Attendance 2011 (Continued)

### Ethics Working Group

MEMBER	JAN	FEB 10th	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL MEETINGS
													1
Dr Deirdre Madden (Chair)		●											1
Professor Colin Bradley		●											1
Ms Geraldine Clare		●											1
Mr Eoghan Hanly		●											1
Ms Ann Hayes		●											1
Dr John Monaghan													0
Dr Orla O'Donovan		●											1
Dr David O'Keefe		●											1
Dr Shaun O'Keefe		●											1
Dr Daniel O'Hare													0
Professor William Powderly		●											1

Note: This was a project specific working group which reported to Council upon completion.

# Appendix E

## Working Group/ Sub-Committee Attendance 2011 (Continued)

### Examination for Supervised Division Working Group

MEMBER	JUL 12th	JUL 18th	JUL 25th	JUL 29th	AUG 9th	AUG 16th	OCT 26th	NOV 9th	DEC 12th	TOTAL MEETINGS
<b>MEDICAL COUNCIL</b>										
Professor William Powderly (Chair)		•	•	•			•	•	•	6
Mr Brendan Broderick	•		•		•					3
Professor Gerard Bury	•	•	•			•			•	5
Dr Anna Clarke (Vice-President)						•		•	•	3
Dr Anne Keane	•		•	•	•	•	•	•	•	8
Professor Kieran Murphy (President)		•								1
Dr David O’Keeffe	•				•	•				3
Ms Caroline Spillane (CEO)	•									1
<b>MEDICAL SCHOOLS</b>										
Dr Geoff Chadwick (UCD)	•						•		•	3
Dr Gerard Flaherty (NUIG)			•	•					•	3
**Dr Martina Hennessy/Dr Katherine Gavin (TCD)		•			•	•	•			4
Dr Deirdre McGrath (UL)	•									1

# Appendix E

## Working Group/ Sub-Committee Attendance 2011 (Continued)

MEMBER	JUL 12th	JUL 18th	JUL 25th	JUL 29th	AUG 9th	AUG 16th	OCT 26th	NOV 9th	DEC 12th	TOTAL MEETINGS
Dr Siun O'Flynn (UCC)	•						•			2
Ms Denise O'Mara (RCSI)	•	•		•			•			4
<b>SPECIALTIES</b>										
<b>PSYCHIATRY</b>										
Dr Patricia Casey	•	•	•	•	•				•	6
Mr John Gloster										
Dr Allys Guerendel										
<b>PAEDIATRICS</b>										
Dr Alan Finan	•		•	•	•	•	•			6
Dr Ciara Martin										
<b>EMERGENCY MEDICINE</b>										
Mr John McInerney	•	•	•	•		•				5
<b>MEDICINE</b>										
Dr Jacinta Morgan	•	•	•	•	•	•	•	•	•	9
<b>OBSTETRICS AND GYNAECOLOGY</b>										
Dr Michael O'Hare	•					•	•			3
<b>ANAESTHESIA</b>										
Dr Ian Surgeon	•	•	•	•	•	•	•	•	•	9
<b>SURGERY</b>										
Mr Sean Tierney	•	•	•					•	•	5
<b>EDUCATION SPECIALIST</b>										
Ms Ann O'Shaughnessy	•	•		•	•		•			5

Note: This Working Group is chaired by Council members on a rotational basis.

# Appendix E

## Working Group/ Sub-Committee Attendance 2011 (Continued)

### Monitoring Working Group

MEMBER	JAN	FEB 3rd	MAR 24th	APR	MAY 12th	JUN 30th	JUL	AUG 25th	SEPT	OCT 6th	NOV 17th	DEC	TOTAL MEETINGS
Ms Mary Culliton (Chair)			•		•	•		•		•	•		6
Dr Eamonn Breatnach		•						•		•			3
Mr Brendan Broderick		•	•					•		•			4
Ms Cora McCaughan		•	•		•	•					•		5
Dr Declan Woods		•	•			•		•		•	•		6

# Appendix E

## Working Group/ Sub-Committee Attendance 2011 (Continued)

### Policy Group

MEMBER	JAN	FEB	MAR	APR	MAY 31st	JUN	JUL	AUG	SEPT 14th	OCT	NOV	DEC 14th	TOTAL MEETINGS
Dr Anna Clarke (Vice-President)					●							●	2
Ms Caroline Spillane (CEO)					●				●				2
Dr Deirdre Madden					●				●				2
Mr Frank McManus					●				●			●	3
Professor Kieran Murphy (President)					●				●			●	3
Ms Margaret Murphy					●				●			●	3
Dr Daniel O'Hare					●				●			●	3
Mr David O'Keeffe					●				●				2
Professor William Powderly					●				●				2
Dr Michael Ryan												●	1
Mr William Kennedy					●				●				2

Note: Membership of this group is open to all Council members, members of the Executive and experts to attend for particular items of interest and/or to provide specific expert advice.

# Appendix E

## Working Group/ Sub-Committee Attendance 2011 (Continued)

### Registration Working Group

MEMBER	JAN 24th	FEB	MAR 14th	APR	MAY 4th	JUN	JUL	AUG 15th	SEPT 26th	OCT	NOV 14th	DEC	TOTAL MEETINGS
Dr Anna Clarke (Chair)	•		•		•			•	•		•		6
Dr Fenton Howell	•				•			•	•		•		5
Dr John Loughrey	•				•			•	•		•		5
**Dr Anthony McCarthy													0
Dr Ciara McMeel			•		•			•	•		•		5
Dr Daniel O'Hare	•		•		•			•	•		•		6
***Dr Bernard Silke	•				•								2
****Dr Mary Staines					•			•					2
*****Mr David Sweeney											•		1
Professor Arthur Tanner	•		•		•			•	•		•		6

\*\* Dr Anthony McCarthy – Resigned from Working Group in March 2011.

\*\*\* Dr Bernard Silke – Resigned from Working Group in November 2011.

\*\*\*\* Dr Mary Staines – Appointed to Working Group in May 2011 to replace Dr. Anthony McCarthy.

\*\*\*\*\* Mr David Sweeney – Appointed to Working Group in September 2011.

# Appendix F

## High Court / Supreme Court Judgements

Following a Fitness to Practise Committee inquiry on 22nd December, 2010 which found the doctor guilty of professional misconduct arising out of a complaint by a patient that she was inappropriately examined, the Medical Council at its meeting on 19th January, 2011 decided to cancel the doctor's registration.

The doctor appealed the Council's decision to the High Court pursuant to section 75 of the Medical Practitioners Act, 2007.

The matter came on for hearing before the President of the High Court on 19th July, 2011.

The Court noted that a period of 14 years had elapsed before the complainant made the complaint to the Medical Council. The Court said that the Medical Council, quite properly, had serious regard to the complaint and deployed the Council's procedures which resulted in an inquiry and eventually a decision by the Council to cancel the doctor's registration.

The circumstances which led to the Council's decision were that the complainant made one visit to the doctor's surgery in 1996 and alleged in 2010 by way of a complaint to the Medical Council, that she had had an inappropriate internal examination. This was the complainant's only visit to the doctor's surgery and the doctor in his defence said that he didn't recall the complainant and had, destroyed records from that time. No other records existed, such as prescriptions forms from a pharmacy and therefore the doctor was in a difficult position. The Court also took into account that there was no real explanation from the complainant for the delay in coming forward with her complaint. Whilst she had given evidence before the Fitness to Practise Committee about her circumstances in the intervening period, the Court found that it was a one off visit and there was no question of the doctor being in a position of trust or authority or exercising dominion over her. The Court took the view in such circumstances that there ought to be a reasonable explanation for the delay, supported by medical evidence, as to why such a lengthy period elapsed before making a complaint.

Therefore the Court felt that it would be unfair to proceed and allowed the doctor's appeal.

In a subsequent hearing in relation to costs the Court made no Order as to costs as the Medical Council had exercised its statutory functions properly and reasonably.

# Glossary of Terms

## Aspirant Specialties:

Medical disciplines who wish to be recognised by the Medical Council under section 89 of the Medical Practitioners Act 2007

## CME:

Continuing Medical Education. CME consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public or the profession.

## CPD:

Continuing Professional Development. CPD is a continuing learning process that complements formal undergraduate and postgraduate education and training. CPD requires doctors to maintain and improve their standards across all areas of their practice.

## EAP:

Employment Assistance Programme. This worksite-based programme, provided by VHI, is designed to assist organisations and their employees:

## IELTS:

International English Language Testing System, used to determine an applicant's level of English proficiency.

## IPA:

The Institute of Public Administration.

## Level 4 assessment:

An evaluation of the candidate's postgraduate education, training, qualifications and experience to establish the candidate's appropriateness or otherwise for general registration.

## Level 5 assessment:

A Level 5 assessment constitutes a referral of the specialist training and experience part of the application to an approved Postgraduate Training Body for assessment.

## Mediation:

Mediation is a form of alternative dispute resolution whereby the parties attempt to resolve their dispute / complaint with the assistance of an independent third party called a mediator. Mediation is a confidential process.

## MPA:

Medical Practitioners Act, established in 1978 and updated in 2007.

## MSF:

Multi-Source Feedback. It is a quality assessment method used internationally as part of a broader assessment of a doctor's performance.

## PMDS:

Performance Management Development System. A two-way process which aims to enhance both the individual and organisational performance. It involves establishing a shared understanding between the staff member and manager about what is to be achieved and how it is to be achieved in terms of role, business objectives, performance, development needs, career aspirations and support.

## PRES:

Pre-Registration Examination System. The PRES is undertaken by applicable registration applicants and consists of two parts. Level 2 is a written examination and is currently in the form of a Multiple Choice Questions examination. Level 3 is a clinical examination and is currently in the form of an Objective Structured Clinical Examination (OSCE).

# Glossary of Terms

(Continued)

## **PGTB:**

Postgraduate Training Body. The Medical Council currently approves 13 training bodies in Ireland for the purpose of granting evidence of satisfactory completion of specialist training.

## **TRAS:**

Temporary Registration Assessment Scheme

## **SEO:**

Senior Executive Officer

## **Visiting EEA:**

Visiting EEA Registration is only available to eligible EU/EEA/Swiss citizens who are established (hold “full registration” or equivalent) in another EU/EEA member state or in Switzerland and wish to practise medicine in Ireland on a temporary and/or occasional basis.

## **WFME:**

World Federation for Medical Education. WFME is the global organisation concerned with education and training of medical doctors.





**Comhairle na nDochtúirí Leighis**  
**Medical Council**

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