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

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**Annual Report**

**&**

**Financial Statements**

**2013**



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## President's Statement



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 2013.

Engagement and collaboration with the public, medical profession and partner organisations continued to be an area of focus for the Council in 2013. A five year term of the Council concluded in May, and I would like to commend the outgoing Council, and particularly its President, Professor Kieran Murphy for its work in strengthening the regulatory environment in Ireland over the course of its term.

The first six months of our five year term focused on determining our strategy by listening intently and balancing the views of the profession we regulate, and the public and patients we serve. The Council's strategy for 2014-2018 was submitted to the Minister for Health at the end of 2013 and aims to enhance patient safety in Ireland over the next five years. This new vision, mission and values will reflect the Council's role in current times. We have also created a new governance structure, which we believe will best support us in implementing this strategy.

While the Council is most known for its work in handling complaints about doctors, I am pleased that this report highlights the many other strands of work that aim to reduce the instance of such concerns arising.

The education and training of doctors will be a core focus for the Council in the coming years, ensuring that standards of good professional practice are clearly articulated and embedded at all stages of a doctor's education

In November, the Council hosted its second Education and Training Symposium "From Student to Specialist – Paving the Path to Professionalism" to facilitate discussion on the development of tomorrow's doctors. Such events are important in shaping the Council's views, by providing a forum for international insights alongside the views of local experts.

Reflecting on the first six months of the Council's term, it is apparent that there is much good work being done in enhancing medical professionalism in Ireland, however there is a need for continued focus on this area so that patients receive the high standard of care they deserve. As we embark on implementation of our statement of strategy in 2014, I look forward to the Council playing a leadership role in improving standards of practice.

The Council's role complements the work of many partner organisations, and we cannot be effective without close collaboration. I would like to acknowledge our continued close working relationships with the Department of Health, the Health Service Executive, patient representative groups, postgraduate medical training bodies, medical schools, representatives of the profession and other regulatory bodies, which I look forward to strengthening over the coming years.

I would like to thank each Council member, past and present, for their contributions during 2013, in particular Vice-President Audrey Dillon and each committee chair, the Chief Executive Officer, Caroline Spillane and all Medical Council staff for their efforts in enhancing patient safety in Ireland.

A handwritten signature in dark ink that reads "Freddie Wood." The signature is written in a cursive, slightly informal style.

**Professor Freddie Wood**

President

## Chief Executive Officer Review



I am pleased to introduce our report for 2013 which outlines our activities during what was a productive and important year for us, culminating in the development of the new statement of strategy.

We continued our programme of quality assuring medical education and training in Ireland, and at the end of the year, 12 of the 13 postgraduate medical training bodies had been formally assessed and approved.

Our accreditation process was also benchmarked internationally and found to be comparable to the standards in the United States; this is the third time the Council has been assessed in this international evaluation.

Through our maintenance of the register of medical doctors, we are in a position to provide comprehensive information on doctors in Ireland, which is of value to policy makers, employers and other partner organisations. The Council published its first Medical Workforce Intelligence Report in July 2013; this provides information on the composition of the register and the medical workforce, trends in specialisation and key characteristics of doctors practising in Ireland.

To ensure transparency and understanding of our role and remit, communications activities were a continued focus, and for the first time our website received over 500,000 visits from users across the globe.

We continue to manage the complaints process in an effective, fair and transparent way in order to safeguard the public. The Council is keen to see enhancements in the handling of concerns about doctors across the health system so that patients' concerns are dealt with at the appropriate level using the appropriate method. A focus in 2014 will be on the establishment of frameworks with employers to further this aim.

Just as we expect high standards from those we regulate, high standards should be expected from us in our operations. In line with best practice in governance, the first Corporate Governance Audit was carried out in 2013 with positive results and no significant items reported. A business process improvement project was commenced during the year, firstly focusing on delivering measurable enhancements to our procedures in registration. This work will continue in 2014.

My colleagues at the Council remained focused on ensuring the implementation of our strategy, and informing the development of our new strategic direction for 2014 onwards. As we embarked on this process, the views of organisations involved in our work were pivotal, and I would like to recognise the support of officials at the Department of Health, as well as our colleagues at the Health Service Executive, postgraduate medical training bodies, medical schools, patient representatives and doctor representatives, for their continued engagement and collaboration throughout the year.

I would like to thank the members of the Council for their support in our work during 2013, particularly the President and Vice President, Professor Freddie Wood and Dr Audrey Dillon, and their predecessors, Professor Kieran Murphy and Dr Anna Clarke. Developments during 2013 have helped us to improve as an organisation, and I look forward to continued progress in 2014 as we embark on the implementation of our new statement of strategy in the interests of patient safety.

A handwritten signature in dark ink, reading 'Caroline Spillane', written in a cursive style.

**Ms. Caroline Spillane**

Chief Executive Officer

## THE ROLE AND THE FUNCTIONS OF THE MEDICAL COUNCIL

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**

### Some facts and figures

**530,868** Number of website visits in 2013

**1,575** Number of new doctors registered in 2013

**58** The average number of employees during 2013

**3** Number of doctors to every 1,000 people in Ireland

## COUNCIL'S STRATEGY 2010-2013

### The core values of the Medical Council are:

1. Our primary focus is to ensure our activities are in the best interests of the public and are patient focused at all times.
2. We are a progressive organisation and are continually looking to improve the way in which we work.
3. We are open and transparent in our processes and actions.
4. We constantly aim to deliver effective services as efficiently as possible.
5. We treat everyone with respect and dignity.
6. We discharge our duties in a fair and equitable manner.

### Vision:

The Medical Council's vision is:

**Patient safety and public confidence is ensured through excellent doctors upholding the highest standards.**

### Mission:

The Medical Council's mission is:

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

## COUNCIL MEMBERS



**Prof. Freddie Wood**



**Dr Audrey Dillon**



**Dr John Barragry**



**Dr Anthony Breslin**



**Ms Katharine Bulbulia**



**Mr Declan Carey**



**Ms Anne Carrigy**



**Dr Sean Curran**



**Dr Rita Doyle**



**Ms Mary Duff**



**Prof. Fidelma Dunne**



**Dr Bairbre Golden**



**Dr Ruairi Hanley**



**Mr Sean Hurley**



**Prof. Alan Johnson**



**Ms Marie  
Kehoe-O'Sullivan**



**Prof. Mary Leader**



**Councillor  
Sally Mulready**



**Ms Margaret Murphy**



**Mr John Nisbet**



**Prof. Colm O'Herlihy**



**Dr Michael Ryan**



**Ms Cornelia Stuart**



**Dr Consilia Walsh**



**Ms Catherine Whelan**

## STRATEGIC HIGHLIGHTS AND KEY ACTIVITIES 2013

### ***Strategic Objective 1:***

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

- ◆ **By the end of 2013, 12 of the 13 postgraduate medical training bodies had been formally assessed and approved**
- ◆ **A total of 123 doctors from outside the EU passed the Council's clinical pre-registration examinations**

### **Highlights 2013**

- ◆ **A second Education and Training Symposium was hosted to facilitate discussion on the development of tomorrow's doctors.**
- ◆ **A Progress Report on Medical Education, Training, and Practice in Ireland was published, outlining key findings from the past five years of the Council's quality assurance activity in this area.**
- ◆ **Postgraduate Training Bodies delivering specialist training in Ireland were accredited by the Medical Council for the first time.**

## **Quality Assurance and international comparisons**

The Medical Council continued its programme of quality assuring the nine undergraduate medical programmes delivered in Ireland by University College Cork, University College Dublin, University College Limerick, National University of Ireland Galway, Royal College of Surgeons in Ireland and Trinity College Dublin. An annual return process was introduced to track significant changes, innovations, and the progress being made in meeting Council's accreditation recommendations.

Addressing the Medical Council's duties under the Anatomy Act, inspections of anatomy facilities in medical schools in Ireland were conducted, and monitoring undertaken of quality on an ongoing basis. Council's policies and processes for setting and monitoring education and training standards at undergraduate level were measured against international best practice in 2013. Following a review process, approval was received from the US Department of Education confirming that Medical Council standards were comparable to standards used to accredit medical schools in the United States. This was the third time the Medical Council's policies and processes were assessed in this international evaluation as being of high quality.

A Progress Report on Medical Education, Training, and Practice in Ireland was published, outlining key findings from the past five years of the Council's quality assurance activity at undergraduate, intern and postgraduate level. A number of other key themes are described in the report, including the impact of graduate entry programmes, the introduction of a national intern curriculum and the Council's assessment of the quality of intern training on clinical sites.

## Postgraduate Accreditation Activity

As part of its programme of setting and monitoring standards, in 2013, four of the 13 postgraduate medical training bodies that deliver specialist medical education were accredited, alongside associated programmes of specialist training. Bodies delivering multiple programmes were evaluated against a single indicative programme of training. These bodies and programmes had been recognised by Council under previous legislation, and between 2011 and 2013 were formally assessed against Council's accreditation standards for postgraduate education and training. 2013 saw the continuation of Council's assessment of medical disciplines seeking recognition as medical specialties within the provisions of the Medical Practitioners Act 2007. Applications for recognition in relation to the disciplines of Intensive Care Medicine, Neonatology and Pain Medicine were significantly progressed in 2013, and it is anticipated that these three disciplines will be approved as medical specialties, and introduced to the register, in 2014.

## Promotion of Professionalism

An education and training symposium, 'From Student to Specialist – Paving the Path to Professionalism', was held in November to explore aspects of professionalism with a focus on perspectives from outside the jurisdiction. Participants included leaders of medical schools and postgraduate medical training bodies, medical students, senior health officials and members of the Health Service Executive. The symposium provided an opportunity to hear from distinguished international experts, share ideas, and provide signposts for future activity.



*Pictured at the 2013 Education and Training Symposium (from L to R)*

*Prof Freddie Wood, President, Dr Anne Keane, Head of Education and Training, Dr John Jenkins, President, The Association for the Study of Medical Education, Dr Paul Kavanagh, Director of Professional Development and Practice, Dr Anne Marie MacLellan, Assistant Secretary and Director, Medical Education Division, Collège des Médecins du Québec, Canada, Ms Caroline Spillane, CEO and Dr Audrey Dillon, Vice - President.*

## Process for assessment and registration of applicants qualified outside of Ireland

In order to ensure the safety of patients in Ireland, the Medical Council requires all doctors to meet defined practice standards. Within the European Union, freedom of movement legislation ensures automatic recognition of doctors' qualifications from other member states. In 2013, 1,132 doctors from within the European Union (including Ireland) were registered with the Council for the first time. Doctors from outside the European Union must either pass or be exempt from Medical Council registration examinations. In 2013, 443 doctors from outside the European Union were registered for the first time.

In advance of being registered, all doctors undergo a Level 1 assessment and verification of their documentation. Eligible candidates are then required to sit or be exempted from Levels 2 and 3 of the Council's pre-registration examination system.

Pre-Registration Examinations	Total Sitting Exam in 2013	Pass Rate
Level 2 (Computer based examination)	374	55%
Level 3 (Clinical skills examination)	180	68%

## STRATEGIC HIGHLIGHTS AND KEY ACTIVITIES 2013

### ***Strategic Objective 2:***

Support doctors in attaining and maintaining their registration

- ◆ **Doctors in the specialist division accounted for 41.7% of doctors on the medical register at the end of 2013 compared to 32% in 2009**
- ◆ **45 – Number of doctors supported by the Health Committee in 2013**

### **Highlights 2013**

- ◆ **Design, development and implementation of a continuous improvement framework to support the pursuit of operational excellence in the registration function.**
- ◆ **Review and amendments to rules governing entry to the new Supervised Division to provide for more streamlined access for applicants and greater use by the HSE.**
- ◆ **Registration functions became reviewable by the Office of the Ombudsman and to promote a customer focus, a charter was developed, a complaints policy and procedure was revised and new customer feedback systems were established.**

## **Appropriate Registration Frameworks**

The appropriateness of registration frameworks is core to the Council's work in ensuring that only appropriately qualified doctors have the right to practise medicine in Ireland.

During 2013, a review process was conducted on entry requirements for the Supervised Division of the register. This division of the register includes doctors practising in supervised posts with the Health Service Executive (HSE). The resulting amendments have been designed to provide for more streamlined access for applicants, in addition to a greater number of nominations by the HSE and more consistent supervisory arrangements.

Alongside other medical regulators and authorities in Europe, the Council was proactive during the process of amendments to the EU Professional Qualifications Directive, which allows for freedom of movement of professions, to ensure that amendments enhance patient safety across Europe. The Medical Council hosted a meeting of the European Network of Medical Competent Authorities (ENMCA), to coincide with the Irish EU Presidency. The meeting saw representatives from fifteen European countries come together to discuss key challenges for medical competent authorities in light of the proposed changes to the legislation, which is due to be in place in 2015.

## Monitoring of the register

Each year, doctors must retain their registration with the Medical Council, by completing an annual retention application process. To ensure greater medical workforce intelligence is available to the Council, policy makers, employers and partner organisations, the Council's first Medical Workforce Intelligence Report was published in 2013. It is intended that this will be published on an annual basis and will provide information on the composition of the medical workforce, trends in specialisation and key characteristics of doctors practising in Ireland, including country of qualification, gender and age.

Division of the Medical Register	%	No. of Doctors Registered 31.12.13
General Division	41%	<b>7,423</b>
Specialist Division	42%	<b>7,567</b>
Trainee Specialist Division	13%	<b>2,355</b>
Intern Registration	4%	<b>788</b>
Supervised Division	0%	<b>18</b>
Visiting EEA	0%	<b>9</b>
<b>Total</b>	100%	<b>18,160</b>

The monitoring of doctors with conditions attached to their registration is a pivotal component in safeguarding the medical register. In December 2013, a total of 22 doctors had conditions attached to their registration; compliance with these was overseen by the Council's Monitoring Group.

Monitoring Group	
No. of doctors with Monitoring Group as at 31.12.2013	<b>22</b>
No. of New doctors with Monitoring Group 2013	<b>8</b>
No longer with monitoring group in 2013	<b>11*</b>

*\*Please note this figure is not included in the number of doctors with the Monitoring Group as at 31.12.2013*

## Supporting doctors with health concerns

The Medical Council's health committee monitors and supports doctors suffering from medical disabilities or health related conditions to maintain their registration, once there is not a risk to patients.

In 2013, a total of 45 doctors were supported by the health committee for reasons including mental disability, substance abuse issues and neurological disorders.

Health Committee	
No. of doctors with Health Committee as at 31.12.2013	<b>35</b>
No. of New doctors with Health Committee 2013	<b>9</b>
Released from Health Committee 2013	<b>10*</b>

*\*Please note this figure is not included in the total number of doctors with the Health Committee as at 31.12.2013*

More detailed registration statistics can be found in Appendix B, and the Medical Council will publish its second Medical Workforce Intelligence Report in 2014

### ***Strategic Objective 3:***

Set and monitor standards for maintenance of professional competence

- ◆ **91% of doctors agree that professional competence activities benefit them and their patients.**
- ◆ **10,650 hours of activities were provided by training bodies.**
- ◆ **Doctors completed 23,400 hours of professional competence activities recognised by training bodies.**

### **Highlights 2013**

- ◆ **The first annual audit of doctors' maintenance of professional competence was completed.**
- ◆ **An interim strategic review of the Medical Council's maintenance of professional competence arrangements was undertaken.**
- ◆ **New performance assessment procedures continued to be operated.**

## **Implementation and review of professional competence schemes**

Lifelong learning requirements came into effect in 2011, placing a legal obligation on all practising doctors to maintain their professional competence by completing annual learning and skills development activities.

An evaluation of professional competence arrangements was conducted in 2013 to inform the Council in its policy decisions in this area. Research was undertaken to establish the views of doctors on professional competence, and 91% of those surveyed felt that activities benefit them and their patients.

To support doctors in meeting requirements, a number of videos relating to the topic of clinical audit were developed for the Medical Council website, with contributions by experts in this area, Dr Ian Callanan and Dr Niamh Macey, who provide practical advice in response to frequently asked questions from doctors. These videos are available to view along with further supports for doctors on the Medical Council website.

The first audit of doctors to verify compliance with professional competence arrangements was completed in 2013. This will be implemented on an annual basis to maintain the confidence of patients and the profession that doctors are compliant with their statutory duty.

Provision of activities	
Number of hours of activities provided directly by the recognised postgraduate training body May 2012-April 2013 (Total and breakdown by province)	10649.5
Leinster	7107.5
Munster	1450
Connacht	1216.5
Ulster	875.5

Recognition of activities	
Number of hours of activities recognised by the recognised postgraduate training body since May 2012-April 2013 (Total and breakdown by province)	23399.75
Leinster	17253.25
Munster	3032.5
Connacht	1954.5
Ulster	1159.5

## Performance Assessment procedures

As part of professional competence arrangements, where concerns about a doctor's ongoing performance are raised, the Council can conduct a performance assessment of a doctor's practice. This involves an on-site assessment of a doctor's performance. The assessment team is comprised of two medics and one patient representative who conduct a workplace based assessment of the doctor's performance using a set of assessment methods which have been benchmarked against international best practice. The team compiles a report for consideration by the Medical Council, who will then decide on what action (if any) is necessary in each case for the doctor.

### ***Strategic Objective 4:***

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

- ◆ **400 number of complaints received during 2013**
- ◆ **39 fitness to practise inquiries were completed during the year**

### **Developments 2013**

- ◆ **Five Medical Council case officers became the first ever graduates of the Certified Investigator Training Programme with the Chartered Institute of Arbitrators.**
- ◆ **In January the High Court delivered judgment in *Akpekpe v Medical Council, Ireland and the Attorney General*. The Court ruled that provisions in the Medical Practitioners Act concerning sanctions of advice or admonishment following a finding by the Fitness to Practise Committee were constitutional despite the absence of an appeal.**
- ◆ **In November the High Court delivered judgment in *Corbally v Medical Council, Ireland and the Attorney General* in November. The Court ruled that in order to make a finding of Poor Professional Performance at a Fitness to Practise inquiry it has to be established that, in the case of a single incident, the failure must be very serious, or alternatively by reference to a fair sample of the doctor's work which demonstrates unacceptably low standards.**

## **Ensure the ongoing delivery of effective, fair and transparent complaints processes.**

Complaints against registered doctors continued to be investigated in an efficient and transparent manner in 2013 with the management of approximately 400 complaints.

To support the thorough investigation of complaints, five case officers completed a Certified Investigator Training Programme with the Chartered Institute of Arbitrators and graduated in March. To support the case officers in their work, the programme covered areas such as regulatory law, fair procedures, investigative and interviewing techniques, including the interviewing of vulnerable witnesses, and medical ethics.

## Medical Council Graduates Complete First Ever Certified Investigator Training Programme



During the year 39 fitness to practise inquiries were completed over 67 days. To ensure the effective management of the inquiry process, callover meetings were held to decide on preliminary matters in advance. Following inquiries, the Council decided to cancel the registration of four doctors, meaning they can no longer practise medicine in Ireland.

To ensure transparency, procedures for the Council's Preliminary Proceedings Committee, which initially considers complaints, and the Fitness to Practise Committee are published on [medicalcouncil.ie](http://medicalcouncil.ie) in addition to sanctions guidance documents. This enables all those involved in the complaints and inquiry process to have the necessary clarity on procedures.

<b>Categories of Complaint Received in 2013</b>	
<b>Professional Conduct</b>	
Criminal Convictions	0
Informing Medical Council of other regulatory proceedings/decisions, criminal charges and/or convictions. Criminal Convictions	4
Breach of the Medical Practitioners Act 2007	1
Dishonesty	14
<b>Total</b>	<b>19</b>
<b>Responsibilities to Patients</b>	
Reporting obligations concerning abuse of children/elderly/vulnerable adults	1
Treating patients with dignity	34
Refusal to treat	25
Conscientious objection	0
Emergencies	4
Appropriate Professional Skills	46
Adequate language Skills	11
Communication	114
Physical and intimate examinations	15
Personal relationships with patients	2
Assisted Human Reproduction	0
End of life care	2
<b>Total</b>	<b>254</b>
<b>Medical Records and Confidentiality</b>	
Maintenance of accurate and up to date patient medical records	19
Confidentiality	13
<b>Total</b>	<b>32</b>

Categories of Complaint Received in 2013	
Professional Practice	
Professional Practice	1
Reporting concerns about colleagues	3
Professional relationships between colleagues	14
Professional Indemnity	3
Accepting Posts	1
Treatment of relatives	4
Advertising	4
Premises and Practice Information	1
Medical reports	27
Certification	4
Prescribing	34
Referral of patients	22
Locum and rota arrangement	0
Telemedicine	1
Retirement and transfer of patient care	0
Fees	7
<b>Total</b>	<b>126</b>
Relevant Medical Disability	
Alcohol Abuse	1
Drug Abuse	3
Mental or behavioural illness	5
Physical illness	1
<b>Total</b>	<b>10</b>

Treatment	
Consent	17
Clinical investigations and examinations	80
Diagnosis	123
Follow up care	74
Surgical Procedures	32
Continuity of care	29
<b>Total</b>	<b>355</b>
<b>Total No. of Categories attached to complaints</b>	<b>796</b>

**Note:** There were 400 complaints received in 2013. Categories of complaint were updated in 2012 to reflect the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners. It is now possible for Case Officers to attach more than one category to a complaint i.e. the complaint might be in relation to poor communication but may also mention failure to refer a patient. As such the categories do not equate to the number of complaints received in a year.

Detailed statistics relating to the complaints and inquiry process can be found in Appendix C and the Council will publish additional reports relating to complaints in 2014.

## ***Strategic Objective 5:***

Engage proactively with the public, the profession and other stakeholders

### **Highlights 2013**

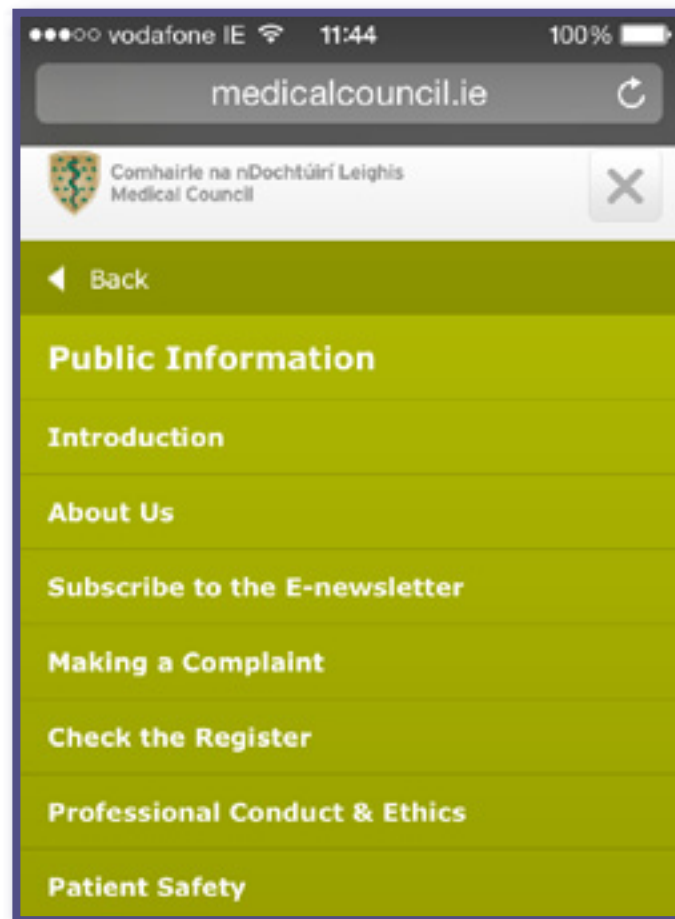
- ◆ **To inform the development of the Council's 2014 statement of strategy, a comprehensive engagement plan was implemented to measure the views of 1,000 members of the public, 700 doctors and over 40 partner organisations in relation to the Council's role and remit.**
- ◆ **A mobile responsive version of the Medical Council website was developed to improve accessibility and interaction on smartphone and mini-tablet devices.**
- ◆ **A new website area aimed specifically at medical students and trainees was developed for launch in early 2014. This area includes information on all stages of medical education and training such as details of options for specialisation and the ethical standards expected of students and trainees.**

Engagement and collaboration with the public, medical profession and partner organisations continued to be an area of focus for the Council in 2013. A five year term of the Council concluded in May, and to mark this, an event was held with partner organisations to reflect on collaboration over the term. As a new Council commenced its term, consultation was an intrinsic part of its strategy development process. An engagement plan was implemented to measure the views of 1,000 members of the public, 700 doctors and over 40 partner organisations in relation to the Council's role and remit.

The Council's website [www.medicalcouncil.ie](http://www.medicalcouncil.ie) is its primary communications tool. It received over 500,000 visits in 2013. Reflecting the importance of the medical register in enabling members of the public to verify their doctor's qualifications, the online "Search Registered Doctors" facility was accessed over 250,000 times during the year. A new mobile responsive area of the website was developed to improve accessibility for users on smart-phones and mini-tablet devices, giving prominence to the search facility and other popular content.

To provide enhanced information on the Council's role in setting and overseeing standards at undergraduate, intern and postgraduate level, a new website area aimed specifically at medical students and trainees was developed for launch in early 2014. This will provide information and links to medical schools, postgraduate training options and the standards expected of students and trainees.

## Mobile Site



## New Student Website Area



## Strengthening partnerships within the health system

The Council's effectiveness is contingent on its ability to work effectively with partners across the health system. The formalisation of arrangements for appropriate information sharing with organisations is a key component of this.

In 2013, memorandums of understanding were signed with the Health Service Executive (HSE) and the Health Information and Quality Authority (HIQA), strengthening ties with each organisation and putting formal protocols in place for cooperation and the sharing of information to enhance patient safety.



*From L to R:  
HSE National Director, Quality & Patient Safety, Dr Philip Crowley, HSE Director General,  
Mr Tony O'Brien, Council President, Professor Kieran Murphy and CEO, Ms Caroline  
Spillane*



*Ms Caroline Spillane, Medical Council CEO and Dr Tracey Cooper, Chief Executive of HIQA*

## ***Strategic Objective 6:***

Enable effectiveness through appropriate and efficient internal systems and processes

- ◆ **A programme of internal cost cutting resulted in reductions in administration/operational costs of circa €266k in 2013.**
- ◆ **Targets of 4.2% diversity of revenue streams were exceeded.**
- ◆ **A workforce plan outlining initiatives undertaken to maximise the flexibility and productivity of staff was implemented, resulting in structural changes designed to bring about greater agility in the organisation's structure.**

## **Ensuring that appropriate corporate governance systems are in place**

The Council continued its emphasis on compliance with the highest internal and external standards in 2013. A programme of internal audit was conducted in 2013, including the first Corporate Governance Audit which had positive results and no significant items reported.

As the new Council commenced its term in June, it established governance arrangements, with eight committees focusing on particular strands of the Council's work:

- ◆ **Audit Strategy and Risk Committee**
- ◆ **Registration & Continuing Practice Committee**
- ◆ **Education, Training and Professional Development Committee**
- ◆ **Ethics and Professionalism Committee**
- ◆ **Health Committee**
- ◆ **Preliminary Proceedings Committee**
- ◆ **Fitness to Practise Committee**
- ◆ **Nominations Committee**

A revised Code of Conduct for Council was also developed in line with best practice in this area. The Council is presented with quarterly updates on business and risk, and risk management is featured as a key item for both the Council and Executive as a standing item on all meeting agendas.

## Ensuring a focus in excellence in people management

Learning and career development remained a focus for 2013.

Structural changes to the organisation's design were implemented, to bring about greater agility in the Council's structure. The Performance Development Management System (PMDS) was implemented across the organisation to ensure alignment between business planning objectives and individual role profiles.

Work-life balance is an important component of employee welfare, and staff participated in a number of sporting initiatives as part of a focus on health and wellbeing.

## Irish Autism Action—Staff Relay

*(Staff are pictured with former Irish soccer captain, Paul McGrath, centre)*



## Ensuring the effectiveness of organisational processes

Business process improvement became a core focus for the organisation in 2013. Knowledge sharing with other regulatory bodies assisted in the identification of best practice standards in areas of the organisation. The registration team participated in a number of events focusing on streamlining processes and identifying areas of improvement. This programme of work will continue in 2014 with a rollout across the organisation.

## Revenue

The target of 4.2% diversity of revenue streams was exceeded in 2013. In developing its strategy for 2014-2018, focus was placed by Council on ensuring its financial security over the course of the term. A medium term financial strategy will be prepared in 2014, which will focus on developing new sources of revenue and achieving annual budgetary targets.

# FINANCIAL STATEMENTS FOR THE YEAR ENDED 2013

## COUNCIL MEMBERS AND OTHER INFORMATION

<b>President</b>	<b>Professor Freddie Wood</b>
<b>Vice President</b>	<b>Dr Audrey Dillon</b>
<b>Chief Executive Officer</b>	<b>Ms Caroline Spillane</b>

<b>Council</b>	<b>Professor Freddie Wood</b>	<b>Mr Sean Hurley</b>
	<b>Dr Audrey Dillon</b>	<b>Professor Alan Johnson</b>
	<b>Dr John Barragry</b>	<b>Ms Marie Kehoe-O'Sullivan</b>
	<b>Dr Anthony Breslin</b>	<b>Professor Mary Leader</b>
	<b>Ms Katharine Bulbulia</b>	<b>Councillor Sally Mulready</b>
	<b>Mr Declan Carey</b>	<b>Ms Margaret Murphy</b>
	<b>Ms Anne Carrigy</b>	<b>Mr John Nisbet</b>
	<b>Dr Sean Curran</b>	<b>Professor Colm O'Herlihy</b>
	<b>Dr Rita Doyle</b>	<b>Dr Michael Ryan</b>
	<b>Ms Mary Duff</b>	<b>Ms Cornelia Stuart</b>
	<b>Professor Fidelma Dunne</b>	<b>Dr Consilia Walsh</b>
	<b>Dr Bairbre Golden</b>	<b>Ms Catherine Whelan</b>
	<b>Dr Ruairi Hanley</b>	

### Offices:

Kingram House  
Kingram Place  
Dublin 2

### Auditors:

Comptroller & Auditor General  
Dublin Castle  
Dublin 2

### Solicitors:

McDowell Purcell  
The Capel Building  
Marys Abbey  
Dublin 7

### Bankers:

Bank of Ireland  
Rathmines Road  
Rathmines  
Dublin 6

## COUNCIL'S REPORT

The Council presents its report and the audited financial statements for the year ended 31st December 2013.

### Principal Activity

The Medical Council is the statutory body for the registration and regulation of doctors engaged in medical practice.

The primary objective of 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 include:

- ◆ **Establishing and maintaining the register of medical practitioners;**
- ◆ **Approving and reviewing programmes of education and training necessary for the purposes of registration and continued registration;**
- ◆ **Specifying and reviewing the standards required for the purpose of the maintenance of professional competence of registered medical practitioners;**
- ◆ **Specifying standards of practice for registered medical practitioners including providing guidance on all matters related to professional conduct and ethics;**
- ◆ **Disciplinary procedures.**

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 and members of the public and stakeholders, all of whose appointments have been approved by the Minister for Health. The current Council's period of office is 2013 to 2018. The Medical Council is funded by the payments of registered doctors; no funds are received from government or other sources.

### Review of Developments in the Year

2013 was another very busy and challenging year for the Medical Council. The Business & Risk Management Plan 2014 and the Statement of Strategy 2014 – 2018 were prepared in Q4 2013 and set out in detail the objectives of the Medical Council for the coming years. This plan was approved by Council in January 2014 for submission to the Department of Health in accordance with Section 15 of the Medical Practitioners Act 2007.

Other significant developments during the year were as follows:

- ◆ **The 2008 – 2013 Medical Council concluded its term in May 2013 and a new Council commenced its term in June with Prof. Freddie Wood elected as President and Dr Audrey Dillon elected as Vice President.**
- ◆ **A Medical Workforce Intelligence Report was published for the first time providing information for policy makers, employers and other partner organisations with detailed statistical information on the composition of the medical work-force in Ireland**

- ◆ **To strengthen cooperation between the organisations, memorandums of understanding were signed with both the Health Service Executive (HSE) and the Health Information and Quality Authority (HIQA).**
- ◆ **Registration rules for entry to the Supervised Division were reviewed and revised, strengthening arrangements for supervised practice in the HSE.**

## Council Members

The 8th Council took office on 1st June 2013. The membership of the Council is set out on page 28. The Council comprises 25 members, appointed in accordance with Section 7 (1) to (8) of the Medical Practitioners Act 2007.

## Future Developments

The Council is sincere in maintaining and developing the core strategies and objectives of the recently approved Statement of Strategy 2014 - 2018.

### **Strategic Objective 1:**

Develop an effective and efficient register that is responsive to the changing needs of the public and the medical profession

### **Strategic Objective 2:**

Create a supportive learning environment to enable good professional practice

### **Strategic Objective 3:**

Maintain confidence of the public and profession in the Council's processes by developing a proportionate and targeted approach to regulatory activities

### **Strategic Objective 4:**

Enhance patient safety through insightful research and greater engagement

### **Strategic Objective 5:**

Build an organisational culture that supports leadership and learning

### **Strategic Objective 6:**

Develop a sustainable and high-performing organisation

## Internal Audit

The Council has an internal audit function outsourced to D'Arcy Lynch Partners, Chartered Accountants and Registered Auditors. An audit tender for the provision of this service 2014 – 2017 was won by BDO, Chartered Accountants and Registered Auditors.

## Books of Account

To ensure that proper books and accounting records are kept, the Council has established an internal finance department and have employed appropriately qualified accounting personnel and have maintained appropriate computerised accounting systems. The books of account are located at the Council's office at Kingram House, Kingram Place, Dublin 2.

Approved by the Council on 28th March 2014 and signed on its behalf by:

<b>Professor Freddie Wood</b> <b>President</b>	<b>Ms Caroline Spillane</b> <b>Chief Executive Officer</b>
	
<b>Dated: 28th March 2014</b>	

## 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 a 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 28th March 2014 and signed on its behalf by

<b>Professor Freddie Wood</b>	<b>Ms Caroline Spillane</b>
<b>President</b>	<b>Chief Executive Officer</b>
	
<b>Dated: 28th March 2014</b>	

## 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, Strategy & Risk 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;**
- ◆ **Procedures to ensure compliance with public procurement policies and directives;**
- ◆ **An Internal Audit function is in place and 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**

## STATEMENT ON INTERNAL FINANCIAL CONTROL (CONTINUED)

During the year ended 31st December 2013 the following controls were reviewed/ implemented:

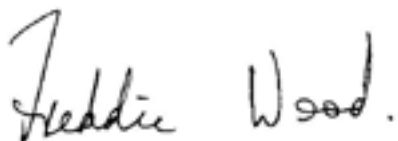
- ◆ **Monthly management accounts with explanation of significant deviations from budget;**
- ◆ **Annual Accounts for 2012 with explanation of significant variances;**
- ◆ **Annual budget plan for 2014;**
- ◆ **Internal audits were performed by D'Arcy Lynch Partners on IT controls/ Governance/ Finance Controls/ Preliminary Proceedings Committee**

The Council conducted a review of the effectiveness of the system of internal financial control for the year ended 31st December 2013.

Signed on behalf of the Medical Council

**Professor Freddie Wood**

**President**

A handwritten signature in black ink that reads "Freddie Wood." The signature is written in a cursive, slightly informal style.

**Dated: 28th March 2014**



## **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 2013 under Section 32 of the Medical Practitioners Act 2007. The financial statements, which have been prepared under the accounting policies set out therein, comprise the statement of 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 statements have been prepared in the form prescribed under Section 32 of the Act, and in accordance with 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.

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 Council's 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 2013 and of its income and expenditure for 2013.

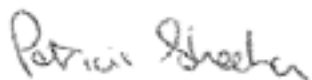
In my opinion, proper books of account have been kept by the Council. The financial statements are in agreement with the books of account.

## 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 money has not been applied for the purposes intended or where the transactions did not conform to the authorities governing them, or
- the information given in the Council's annual report is not consistent with the financial statements, or
- the statement of 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.



---

**Patricia Sheehan**

**For and on behalf of the**

**Comptroller and Auditor General**

**09 April 2014**

## ACCOUNTING POLICIES

for the year ended 31st December 2013

### 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
Leasehold Improvements	- 5% straight line (as of 2013)
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 18th December 2013 (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 practitioners 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.

## 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

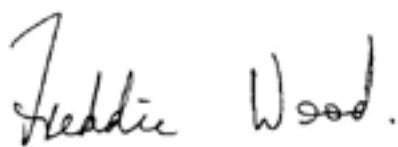

for the year ended 31st December 2013

		2013	2012
Income	Notes	€	€
Retention fees	9	7,714,867	7,558,617
Registration fees	1	1,672,149	1,391,537
Miscellaneous income	1	631,347	319,776
<b>Total income</b>		<b>10,018,363</b>	<b>9,269,930</b>
<b>Expenditure</b>			
Wages and salaries	3	3,125,425	3,026,130
Pension Costs	3/10	1,106,771	976,015
Council and meeting expenses	3	729,741	636,005
Staff recruitment, training and education		248,351	101,318
Rent and rates		1,099,181	927,719
Legal expenses	2	2,479,879	2,394,566
General administration	2	1,111,421	1,166,221
Consultancy and other professional fees	2	352,202	809,819
Finance charges		41,933	30,895
Audit fees		13,941	13,630
Depreciation	5	440,916	503,264
Advertising		8,427	47,445
<b>Total Expenditure</b>		<b>(10,758,188)</b>	<b>(10,633,027)</b>
<b>Operating (deficit)/surplus</b>		<b>(739,825)</b>	<b>1,363,097)</b>
Interest receivable		91,277	193,047
Investment income		34,858	27,672
<b>(Deficit)/surplus for the year</b>	11	<b>(613,690)</b>	<b>(1,142,378)</b>

The results for the year refer to continuing operations.

The Statement of Accounting Policies, Cash Flow Statement and the notes on pages 43-54 form part of the financial statements.

Approved by the Council on 28th March 2014 and signed on its behalf by


<b>Professor Freddie Wood</b>	<b>Ms Caroline Spillane</b>
<b>President</b>	<b>Chief Executive Officer</b>
	
<b>Dated: 28th March 2014</b>	

## STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES

for the year ended 31st December 2013

	Notes	2013 €	2012 €
(Deficit)/surplus for the year	11	(613,690)	(1,142,378)
Actuarial gain/(loss) on pension liabilities	10	754,000	686,000
Revaluation gain on investments	6	89,294	102,233
Revaluation loss on Buildings	5	(900,000)	-
<b>Total Recognised Losses for the year</b>		<b>(670,396)</b>	<b>(354,145)</b>

Approved by the Council on 28th March 2014 and signed on its behalf by

<b>Professor Freddie Wood</b>	<b>Ms Caroline Spillane</b>
<b>President</b>	<b>Chief Executive Officer</b>
	
<b>Dated: 28th March 2014</b>	

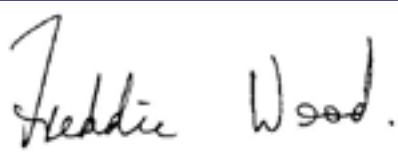

# BALANCE SHEET

as at 31st December 2013

	Notes	2013 €	2012 €
<b>Fixed Assets</b>			
Tangible assets	5	2,913,920	3,895,920
Financial assets	6	2,939,900	2,796,356
		<b>5,853,820</b>	<b>6,692,276</b>
<b>Current Assets</b>			
Debtors	7	1,432,777	1,609,384
Cash at bank and in hand		10,686,496	10,398,151
		<b>12,119,273</b>	<b>12,007,535</b>
<b>Current Liabilities (Amounts falling due within one year)</b>			
Creditors	8	(5,100,924)	(5,357,246)
<b>Net Current Assets</b>		<b>7,018,349</b>	<b>6,650,289</b>
<b>Total Assets less Current Liabilities (Before Pensions)</b>		<b>12,872,169</b>	<b>13,342,565</b>
<b>Non-current Liabilities</b>			
Pension Liabilities	10	(11,600,000)	(11,400,000)
<b>Net Assets</b>		<b>1,272,169</b>	<b>1,942,565</b>
<b>Capital and Reserves</b>			
Revaluation reserve	11	205,421	1,016,127
Accumulated surplus	11	12,666,748	12,326,438
Pension reserve	11	(11,600,000)	(11,400,000)
<b>Total</b>		<b>1,272,169</b>	<b>1,942,565</b>

The Statement of Accounting Policies, Cash Flow Statement and the notes on pages 43-54 form part of the financial statements.

Approved by the Council on 28th March 2014 and signed on its behalf by

<b>Professor Freddie Wood</b>	<b>Ms Caroline Spillane</b>
<b>President</b>	<b>Chief Executive Officer</b>
	
<b>Dated: 28th March 2014</b>	

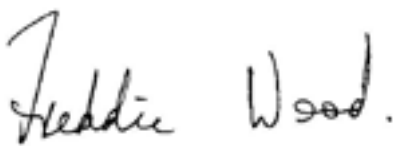
# CASH FLOW STATEMENT

for the year ended 31st December 2013

## Reconciliation of deficit for the year to net cash outflow from operating activities

	2013 €	2012 €
<b>(Deficit)/surplus for the year</b>	<b>(613,690)</b>	<b>(1,142,378)</b>
Difference between pension paid and pension charge	954,000	786,000
Interest received	(91,277)	(193,047)
<b>Depreciation</b>	<b>440,916</b>	<b>503,264</b>
Decrease/(Increase) in debtors	176,607	20,845
Increase/(Decrease) in creditors	(256,322)	914,247
Investment income	(34,858)	(27,672)
<b>Management fee</b>	<b>28,122</b>	<b>30,529</b>
Net cash inflow/(outflow) from operating activities	<b>603,498</b>	<b>891,788</b>
	<b>2013 €</b>	<b>2012 €</b>
<b>Net cash inflow (outflow) from operating activities</b>	<b>603,498</b>	<b>891,788</b>
<b>Return on investments</b>		
Interest received	43,762	180,874
Capital expenditure	(358,915)	(234,463)
Increase/(Decrease) in cash	288,345	838,199
Net funds at beginning of year	10,398,151	9,559,952
Net funds as at 31 December 2013	10,686,496	10,398,151
Analysis of change in net funds		
At beginning of year	10,398,151	9,559,952
Cash flows	288,345	838,199
Net funds as at 31st December 2013	10,686,496	10,398,151

Approved by the Council on 28th March 2014 and signed on its behalf by

<b>Professor Freddie Wood</b>	<b>Ms Caroline Spillane</b>
<b>President</b>	<b>Chief Executive Officer</b>
	
<b>Dated: 28th March 2014</b>	

# NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31st December 2013

## 1. INCOME

Income items are made up as follows:

	2013 €	2012 €
<b>Registration fees</b>	<b>191,135</b>	244,240
Internship	<b>1,354,034</b>	1,019,917
General registration	<b>3,205</b>	110
Restoration to General Register of Medical Practitioners	<b>123,775</b>	127,270
Specialist registration fees	<b>1,672,149</b>	1,391,537

	2013 €	2012 €
<b>Miscellaneous income</b>		
Service Fees	<b>11,099</b>	12,382
Accreditation Fees	<b>33,504</b>	39,706
Examinations	<b>294,736</b>	47,835
Certificate of good standing	<b>120,685</b>	108,190
Late Payment Fee	<b>79,077</b>	42,350
Legal costs recovered	<b>8,928</b>	10,693
Conference	-	8,230
Rental Income	<b>70,778</b>	35,390
Software License	-	15,000
Other	<b>12,540</b>	-
	<b>631,347</b>	319,776

## 2. EXPENDITURE

Expenditure items are made up as follows:

	2013 €	2012 €
<b>Legal Expenses</b>		
Legal and professional	543,147	302,976
Part V (a) inquiries	1,650,840	1,852,192
Part V (b) High Court & Supreme Court proceedings	285,892	239,398
	<u>2,479,879</u>	<u>2,394,566</u>

	2013 €	2012 €
<b>General Administration</b>		
Insurance	87,055	91,171
Light and heat	96,435	91,239
Repairs and maintenance	130,008	201,333
Equipment maintenance	4,798	4,497
Printing, postage and stationery	176,637	222,390
File administration and storage	43,701	43,806
Telephone and modem charges	42,620	54,609
Computer costs	279,788	144,870
Caretaking and cleaning	37,061	40,309
Security	44,683	48,678
Accreditations	94,034	195,222
General expenses	74,601	28,097
	<u>1,111,421</u>	<u>1,166,221</u>

	2013 €	2012 €
<b>Consultancy and other professional fees</b>		
Business consultancy	59,107	78,180
Consultancy fees	293,095	731,639
	<u>352,202</u>	<u>809,819</u>

### 3. EMPLOYEES AND REMUNERATION

#### Number of employees

The average number of persons employed during the year was 58 (2012: 51)

	2013 €	2012 €
<b>The staff costs are comprised of:</b>		
Wages and salaries	2,871,890	2,777,127
Social welfare costs	253,535	249,003
	<b>3,125,425</b>	<b>3,026,130</b>
Pension costs	1,106,771	976,015
	<b>4,232,196</b>	<b>4,002,145</b>

**3.1** Ms Caroline Spillane is the Chief Executive Officer of the Medical Council. Ms Spillane received a salary of €141,114 in 2013 covering the period from 1 January 2013 to the 31 December 2013. The gross salary paid includes an adjustment in line with requirements specified under the Haddington Road Agreement. The pension entitlements of the Chief Executive Officer do not extend beyond the pension entitlements in the public sector defined benefit superannuation scheme.

**3.2** In 2013, the Council paid a total of €133,885 to the Department of Health in relation to the pension levy.

**3.3** No Bonus payments were made to staff during 2013.

**3.4** An amount of €90,356 was paid in fees to 19 eligible Council members in 2013:

Also €15,693 was paid to Council members in relation to reimbursable travel and subsistence expenses.

Dr Richard Assaf	€1,924	Prof. Fidelma Dunne	€4,489
Dr Richard Brennan	€3,207	Dr Bairbre Golden	€4,489
Ms Katharine Bulbulia	€7,055	Dr Ruairi Hanley	€4,489
Ms Margaret Murphy	€7,696	Prof. Alan Johnson	€4,489
Mr Frank McManus	€3,207	Dr John Barragry	€4,489
Dr Daniel O'Hare	€3,207	Prof. Colm O'Herlihy	€4,489
Prof. Diarmuid O'Donoghue	€3,207	Dr Michael Ryan	€7,055
Ms Anne Carrigy	€7,696	Ms Catherine Whelan	€4,489
Ms Marie Murray	€3,207	Prof. Freddie Wood	€6,983
Dr Rita Doyle	€4,489		

- 3.5** An amount of €16,980 was paid in relation to the reimbursement to Beaumont Hospital for locum hire to cover the time spent on Council business by the previous Council President, Professor Kieran Murphy up to June 2013.
- 3.6** In addition to the expenditure noted in 3.4 and 3.5 above a total of €480,039 was incurred on Council Meeting and operations as follows.
- ◆ €218,858 in Travel and Subsistence expenditure incurred by Council members, Committee members and staff on official Council operations.
  - ◆ €175,292 in respect of allowances paid to 52 people who are members of sub committees and working groups. The individual payments ranged from €300 to €19,500.
  - ◆ €85,889 in respect of catering costs for Council, Sub-Committee and Inquiries.

These expenses include a reception for the 2008 – 2013 Council members at a cost of €7,573 and a Christmas staff dinner amounting to €2,116, net of staff contributions.

- 3.7** During 2013 €126,673 was expended on Council member costs relating to the 5 year rotation of Council. This includes election, training and induction costs.
- 3.8** In 2011 the Medical Council purchased tablet devices for each Council member at an average cost of €800. On completion of their term of Office in May 2013, retiring Council members were afforded an opportunity to purchase their tablet device for a nominal €50. Nineteen members availed of the offer .

## 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

	<b>Buildings &amp; Leasehold equipment</b>	<b>Office Equipment</b>	<b>Fixtures and fittings</b>	<b>Computer Equipment</b>	<b>Total</b>
<b>Cost or Valuation</b>	<b>€</b>	<b>€</b>	<b>€</b>	<b>€</b>	<b>€</b>
As at 1 January 2013	3,808,594	297,353	1,461,786	2,504,302	8,072,035
Additions	88,897	4,238	15,109	250,671	358,915
Revaluation	(900,000)	-	-	-	(900,000)
At 31 December 2013	<u>2,997,491</u>	<u>301,591</u>	<u>1,476,895</u>	<u>2,754,973</u>	<u>7,530,950</u>

### Depreciation

As at 1 January 2013	591,459	291,492	975,638	2,317,525	4,176,115
Charge for the year	101,643	4,249	141,212	193,812	440,916
Revaluation	-	-	-	-	-
At 31 December 2013	<u>693,102</u>	<u>295,741</u>	<u>1,116,850</u>	<u>2,511,337</u>	<u>4,617,030</u>

### Net book value

At 31 December 2013	<u>2,304,389</u>	<u>5,850</u>	<u>360,045</u>	<u>243,636</u>	<u>2,913,920</u>
At 31 December 2012	<u>3,217,135</u>	<u>5,861</u>	<u>486,148</u>	<u>186,777</u>	<u>3,895,920</u>

A valuation was carried out by HWBC at 18th December 2013 and this resulted in the Lynn House property being revalued in the books of the Council from €2m to €1.1m. 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- Heritage Assets. It currently has a carrying value of €23,294.

## 6. FINANCIAL FIXED ASSETS

	2013 €	2012 €
<b>Listed Investments Cost</b>		
At 1st January	2,796,356	2,684,807
Increase in value of investment	89,294	102,234
Investment income	34,858	27,672
Management fee	(28,123)	(30,529)
Interest income	47,515	12,172
At 31st December	<u>2,939,900</u>	<u>2,796,356</u>

## 7. DEBTORS

	2013 €	2012 €
Prepayments	1,169,888	1,337,659
Trade Debtors	81,441	83,273
Sundry Debtors	181,448	188,452
	<u>1,432,777</u>	<u>1,609,384</u>

Included in prepayments is an amount of €807,000 being an upfront rent payment on the Kingram House property paid 11th March 2008.

## 8. CREDITORS

	2013 €	2012 €
<b>Amounts falling due within one year</b>		
Trade creditors and accruals	783,633	1,267,755
Deferred Income - Retention fees (Note 9)	3,923,191	3,791,326
Provision for legal costs	394,100	298,165
	<u>5,100,924</u>	<u>5,357,246</u>
<b>Movement in legal provision:</b>		
Legal provision at 1 January 2013	298,165	
Utilised in 2013	(105,259)	
Provided for in 2014	201,194	
	<u>394,100</u>	

## 9. DEFERRED INCOME - RETENTION FEES

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

## 10. PENSION COSTS

### A. Analysis of total pension costs charged to Expenditure

	2013 €	2012 €
<b>Listed Investments Cost</b>		
Current service costs	610,000	490,000
Interest on Pension Scheme Liabilities	630,000	620,000
Employee contributions	(133,229)	(133,985)
	<u>1,106,771</u>	<u>976,015</u>

### B. Movement in net Pension Liability during the financial year

	2013 €	2012 €
<b>Listed Investments Cost</b>		
Net Pension Liability at 1 January	11,400,000	11,300,000
Current Service Cost	610,000	490,000
Interest Costs	630,000	620,000
Actuarial (gain)/loss	(754,000)	(686,000)
Pensions paid in the year	(286,000)	(324,000)
Net Pension Liability at 31 December	<u>11,600,000</u>	<u>11,400,000</u>

### C. History of defined benefit obligations

	2013 €	2012 €
Defined benefit obligations	<u>11,600,000</u>	<u>11,400,000</u>
Experience gains on scheme liabilities amount	<u>754,000</u>	<u>686,000</u>
Percentage of Scheme Liabilities	<u>(6%)</u>	<u>(6%)</u>

The cumulative actuarial gain recognised in the Statement of Total Recognised Gains and Losses amounts to €2,124,000.

## 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 1 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 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- Retirement Benefits (Revised) disclosures has been based on a full actuarial valuation at 31st December 2013 by a qualified independent actuary taking account of the requirements of the FRS in order to assess the scheme liabilities at 31st December 2013.

### The principal actuarial assumptions were as follows:

	2013	2012
Rate of increase in salaries	4.0%	4.0%
Rate of increase in pensions in payment	4.0%	4.0%
Discount Rate	5.5%	5.5%
Inflation Rate	2.0%	2.0%

### Mortality Basis

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

## 11. RESERVES

	Pension reserve	Revaluation reserve	Accumulated surplus	Total
	€	€	€	€
1st January 2013	<b>(11,400,000)</b>	<b>1,016,127</b>	<b>12,326,438</b>	<b>1,942,565</b>
Revaluation of investments	-	<b>89,294</b>	-	<b>89,294</b>
Revaluation of Buildings	-	<b>(900,000)</b>	-	<b>(900,000)</b>
Deficit for the year	-	-	<b>(613,690)</b>	<b>(613,690)</b>
Pension Actuarial gain for the year	<b>754,000</b>	-	-	<b>754,000</b>
Transfer to pension reserve	<u><b>(954,000)</b></u>	<u>-</u>	<u><b>954,000</b></u>	<u>-</u>
At 31st December 2013	<u><u><b>(11,600,000)</b></u></u>	<u><u><b>205,421</b></u></u>	<u><u><b>12,666,748</b></u></u>	<u><u><b>1,272,169</b></u></u>

The pension reserve represents the cumulative cost of pensions less amounts paid out to date. The transfer in the year represents the difference between the full cost of pensions recognised in the income and expenditure account in the year and the amounts paid out in the year.

## 12. OPERATING LEASE COMMITMENTS

The Medical Council signed a five year lease agreement for its new premises, Kingram House, at an annual rent of €820,000 on 10th March 2008. The lease expired on the 31st December 2012. There was 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 had a call option whereby the Council were obliged to enter into a long term lease of twenty years at an annual rent of €820,000. This 20 year lease started on the 1st January 2013 and will expire on 31st December 2032.

The terms of the lease were subject to High Court Litigation and the judgement found in favour of Tanat Ltd. The Council has appealed this decision and all paper in relation to the Notice of Appeal has been lodged with the Supreme Court and the appeal entered on the Supreme Court list.

In the meantime the Council has not executed the 20 year lease and has requested Tanat Ltd. to enter into a deed of variation which would cover any overpaid rent pending the Supreme Court appeal in the event that the Supreme Court overturn the High Court ruling.

## 13. NEW PREMISES

The Council carries out operations from the aforementioned premises at Kingram House, Kingram Place, Dublin 2. Previously the Council operated from Lynn House, Lower Rathmines Road, Rathmines, Dublin 6. The Medical Council owns the property at Lynn House and is leasing this property to a tenant.

## 14. 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.

The Council may incur additional costs in respect of a case which is currently under appeal to the Supreme Court (see note 12). Due to the uncertainty of the outcome and in order not to prejudice their position, no estimate of the possible financial effects is being disclosed.

## 15. APPROVAL OF FINANCIAL STATEMENTS

The financial statements were approved by the Council on 28th March 2014.

## APPENDIX A - COUNCIL MEMBER MEETING ATTENDANCE

Council Member (January—May 2013)	Total no. of meetings attended	7 Jan - Extraordinary	31 Jan	12 Feb - Extraordinary	28 Feb - Extraordinary	20 & 21 March	10 May - Extraordinary	16 & 17 May	23 May - Extraordinary
Dr Richard Assaf (appointed 28 Feb 2013 - replaced Professor Anthony Cunningham)	4	Not appointed				•	•	•	•
Dr. Richard Brennan	4		•		•	•		•	
Mr. Brendan Broderick	7	•	•	•		•	•	•	•
Ms. Katharine Bulbulia	6	•	•	•		•	•	•	
Professor Gerard Bury	6		•	•	•	•		•	•
Ms. Anne Carrigy	5	•		•		•	•	•	
Dr. Anna Clarke	7	•	•	•		•	•	•	•
Dr. Regina Connolly	4	•			•	•	•		
Professor Des Fitzgerald (appointed 28 February 2013 - replaced Professor William Powderly)	4	Not appointed				•	•	•	•
Dr Pauline Kane	0								
Ms. Marie Kehoe O'Sullivan	3	•	•					•	
Dr John McAdoo	5	•		•	•	•		•	
Mr. Frank McManus	3					•	•	•	
Professor Damien McLoughlin	1		•						
Dr. Deirdre Madden	2	•					•		
Dr. John Monaghan	5	•	•		•	•	•		
Professor Kieran Murphy	8	•	•	•	•	•	•	•	•
Ms. Margaret Murphy	3	•				•		•	
Ms. Marie Murray	5	•	•	•	•	•			
Professor Diarmuid O'Donoghue	6	•	•	•		•	•	•	
Dr. Daniel O'Hare	4	•				•		•	•
Dr. David O'Keeffe	4	•	•			•		•	
Dr. John O'Mullane	5	•	•			•		•	•
Dr Michael Ryan	6	•		•	•	•	•	•	
Ms Cornelia Stuart (appointed 28 February 2013 - replaced Ms Marie Keogh O'Sullivan as HSE rep)	1	Not appointed						•	

Council Attendance Council Member (June 2013– December 2013)	Total no. of meetings attended	28 June	16 July (Extraordinary)	23 July	24 July	19 Sept	20 Sept	7 Nov	8 Nov	11 Dec	12 Dec
Dr John Barragry	6	•	•			•	•			•	•
Dr Anthony Breslin	10	•	•	•	•	•	•	•	•	•	•
Ms Katharine Bulbulia	10	•	•	•	•	•	•	•	•	•	•
Mr Declan Carey	10	•	•	•	•	•	•	•	•	•	•
Ms Anne Carrigy	7	•	•	•	•	•	•			•	
Dr Sean Curran	10	•	•	•	•	•	•	•	•	•	•
Dr Audrey Dillon	9	•	•	•	•	•		•	•	•	•
Dr Rita Doyle	8	•	•	•	•			•	•	•	•
Ms Mary Duff	6	•	•	•	•	•	•				
Prof Fidelma Dunne	5	•		•	•	•	•				
Dr Bairbre Golden	6	•	•	•	•	•				•	
Dr Ruairi Hanley	7	•				•	•	•	•	•	•
Mr Sean Hurley	9	•		•	•	•	•	•	•	•	•
Prof Alan Johnson	10	•	•	•	•	•	•	•	•	•	•
Ms Marie Kehoe O’Sullivan	4	•	•	•	•						
Prof Mary Leader	7		•	•	•	•	•		•		•
Councillor Sally Mulready	2	•				•					
Ms Margaret Murphy	6	•	•	•	•	•	•				
Mr John Nisbet	10	•	•	•	•	•	•	•	•	•	•
Prof Colm O’Herlihy	9	•	•	•	•	•	•	•	•		•
Dr Michael Ryan	7	•	•	•	•	•	•			•	
Ms Cornelia Stuart	9	•	•	•	•	•	•	•		•	•
Dr Consilia Walsh	7		•		•	•	•		•	•	•
Ms Catherine Whelan	7	•	•	•	•	•	•			•	
Prof Freddie Wood	10	•	•	•	•	•	•	•	•	•	•

## APPENDIX B - REGISTRATION STATISTICS

The Medical Council ensures that only properly qualified doctors are registered and allowed to practise in Ireland. The 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.

Division of the Medical Register	%	No. of Doctors Registered 31.12.13
General Division	41%	7,423
Specialist Division	42%	7,567
Trainee Specialist Division	13%	2,355
Intern Registration	4%	788
Supervised Division	0%	18
Visiting EEA	0%	9
<b>Total</b>	100%	<b>18,160</b>

Gender of Doctors on the Register	Male	Female
<b>Total No. of doctors registered</b>	<b>10,666</b>	<b>7,494</b>
%	59%	41%

## Appendix B - Registration Statistics (as at 31.12.13)

In line with legislation, there are different registration requirements depending on where a doctor graduated from Medical School. The categories of applicant highlight the global nature of the medical workforce in Ireland.

Categories of Applicant for Registration	%	Number
Category 1 (Qualified in Ireland)	66%	11,972
Category 2 (EU Citizens and Graduates)	9%	1,617
Category 3 (EU Graduates from outside EU)	2%	400
Category 4 (Qualified outside EU/ EEA)	23%	4,171
<b>Total</b>	<b>100%</b>	<b>18,160</b>

**Category 1** - Graduates of Irish medical schools.

**Category 2** - EU citizens who graduated in an EU medical school and/or their qualifications are recognised under EU directive 2005/36/EC (recognition of professional qualifications for EU citizens).

**Category 3** - Non-EU citizens who graduated in an EU medical school and/ or their qualifications would be recognised under EU directive 2005/36/EC (recognition of professional qualifications) if they were an EU citizen.

**Category 4** - Doctors who do not meet the criteria for any of the above categories.

Age Range of Doctors Registered	%	Number
20-35	32%	5,775
36-45	28%	5,008
46-55	22%	3,907
56-64	12%	2,264
65+	7%	1,206
<b>Total</b>	<b>100%</b>	<b>18,160</b>

## Appendix B - Registration Statistics - Health Committee

The Health Committee supports both doctors with relevant medical disabilities and those who have provided undertakings to the Fitness to Practise Committee to undergo medical treatment.

	2013	2012	2011
<b>No. of Doctors Attending the Health Committee</b>	<b>45</b>	<b>39</b>	<b>32</b>

	2013	2012	2011
<b>Reasons for Referral to Health Committee</b>	<b>45</b>	<b>39</b>	<b>32</b>
Alcohol Only	3	5	4
Alcohol & Drug	7	6	8
Drug Only	8	10	9
Mental Disability	24	12	10
Neurological Disorder	2	1	1
Co Morbidity- Hepatitis/Drug Misuse	1	3	1

	2013	2012	2011
<b>Source of Referral to Health Committee</b>	<b>45</b>	<b>39</b>	<b>32</b>
Self	14	7	6
Third Party	15	18	17
Fitness to Practise Committee Section 67	4	6	4
Fitness to Practise Inquiry	12	3	5

## APPENDIX C - COMPLAINTS AND FITNESS TO PRACTISE INQUIRY STATISTICS

The Medical Council protects the public interest 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.

Origin/source of complaints received in 2013	Number
Healthcare institution (private hospitals, nursing homes etc)	7
Healthcare professional	28
Health Service Executive	1
Member of the public	335
Other Irish regulatory body	1
Patient advocacy group	1
Solicitor or solicitors firm not acting on behalf of a member of public (i.e. complaining about a failure to furnish a report etc)	9
The Medical Council – the doctor's conduct came to the attention of the Medical Council whether through the media or otherwise*	14
The Medical Council, having been notified by a body in another state	4
<b>Total</b>	<b>400</b>

\* The Medical Council became the complainant in 14 complaints in 2013. However where the Medical Council becomes the complainant, having received notification from a party which subsequently does not wish to become the complainant, we record the origin of the complaint as wherever the notification came from (i.e HSE, Healthcare Professional etc.) Where a notification from another regulator was received or a doctor came to the attention of the Council through the media, the origin of the complaint is recorded as Medical Council.

## Appendix C— Complaints and Fitness to Practise Inquiry Statistics

### Types of Complaints Received

There were 400 complaints received in 2013. Categories of complaint reflect the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners. It is possible for case officers to attach more than one category to a complaint i.e. the complaint might be in relation to poor communication but may also mention failure to refer a patient. As such the categories do not equate to the number of complaints received in a year.

Professional Conduct	Number
Criminal Convictions	0
Informing Medical Council of other regulatory proceedings/decisions, criminal charges and/or convictions. Criminal Convictions	4
Breach of the Medical Practitioners Act 2007	1
Dishonesty	14
<b>Total</b>	<b>19</b>
Responsibilities to Patients	
Reporting obligations concerning abuse of children/elderly/vulnerable adults	1
Treating patients with dignity	34
Refusal to treat	25
Conscientious objection	0
Emergencies	4
Appropriate Professional Skills	46
Adequate language Skills	11
Communication	114
Physical and intimate examinations	15
Personal relationships with patients	2
Assisted Human Reproduction	0
End of life care	2
<b>Total</b>	<b>254</b>

Medical Records and Confidentiality	
Maintenance of accurate and up to date patient medical records	19
Confidentiality	13
<b>Total</b>	<b>32</b>
Professional Practice	
Maintaining Competence	1
Reporting concerns about colleagues	3
Professional relationships between colleagues	14
Professional Indemnity	3
Accepting Posts	1
Treatment of relatives	4
Advertising	4
Premises and Practice Information	1
Medical reports	27
Certification	4
Prescribing	34
Referral of patients	22
Locum and rota arrangement	0
Telemedicine	1
Retirement and transfer of patient care	0
Fees	7
<b>Total</b>	<b>126</b>

## Appendix C— Complaints and Fitness to Practise Inquiry Statistics

Relevant Medical Disability	Number
Alcohol Abuse	1
Drug Abuse	3
Mental or behavioural illness	5
Physical illness	1
<b>Total</b>	<b>10</b>

Treatment	Number
Consent	17
Clinical investigations and examinations	80
Diagnosis	123
Follow up care	74
Surgical Procedures	32
Continuity of care	29
<b>Total</b>	<b>355</b>

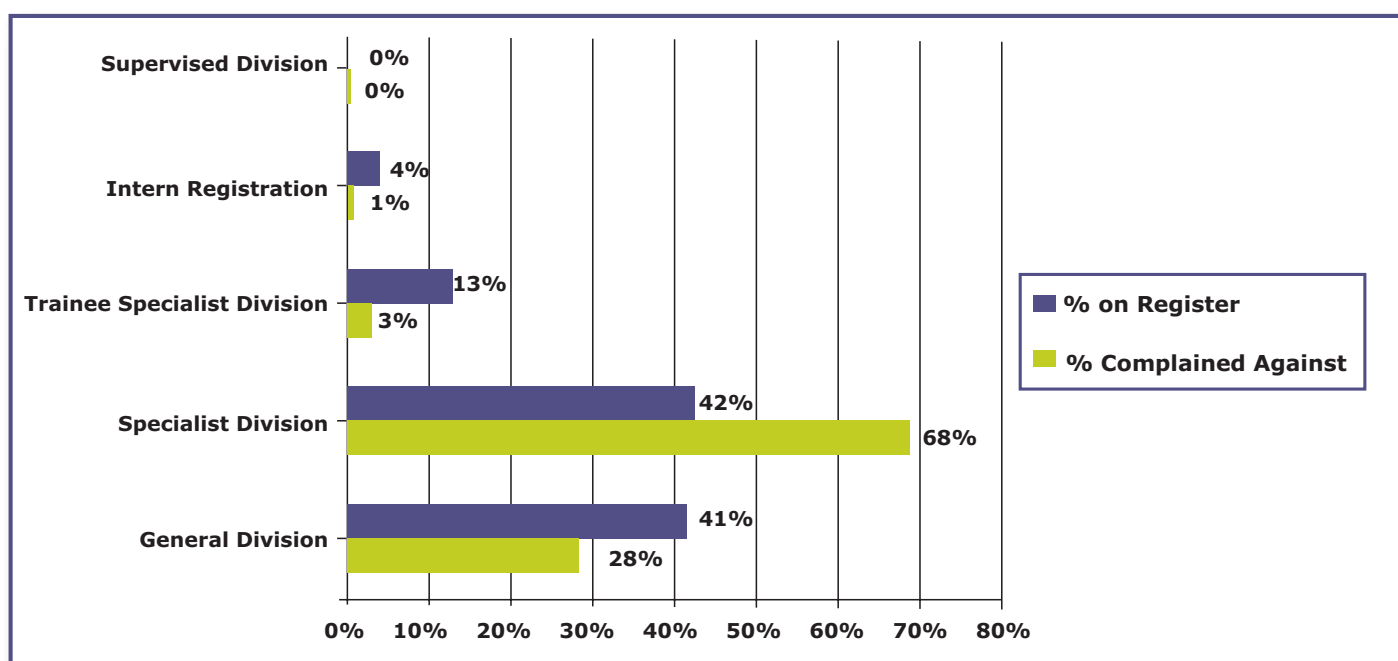
There were 400 complaints received in 2013, involving 503 doctors.

Year	2013	2012	2011	2010
Number of Doctors Complained Against	503	494	433	384
Number of Doctors on the Register	18160	18184	18182	18770
% of Doctors Complained Against	2.8%	2.7%	2.4%	2.0%

## Appendix C - Complaints and Fitness to Practise Inquiry Statistics

Division of the Register	No. of Doctors Complained Against
General Division	143
Specialist Division	340
Trainee Specialist Division	15
Intern Registration	3
Supervised Division	2
Total	503

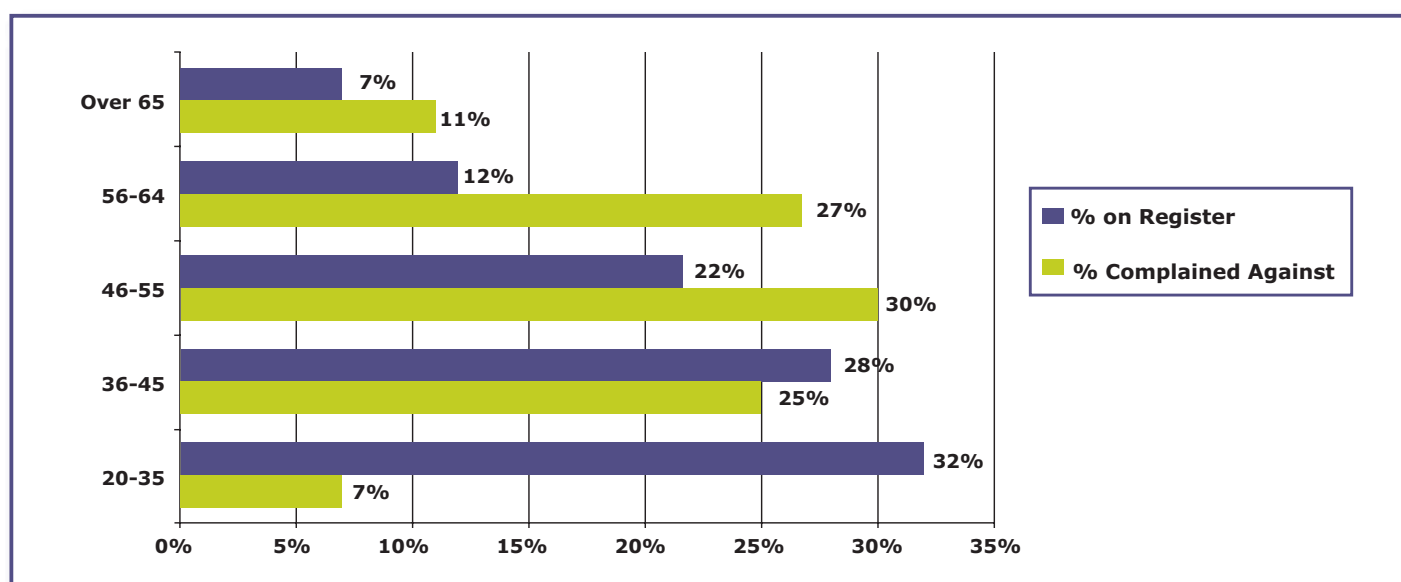
### Proportion of Doctors Complained Against compared to the Proportion of Total Doctors Registered on each Division of the Medical Register



## Appendix C— Complaints and Fitness to Practise Inquiry Statistics

Age Range	No. of Doctors Complained Against
20-35 years	34
36-45 years	126
46-55 years	153
56-64 years	135
65 + years	55
Total	503

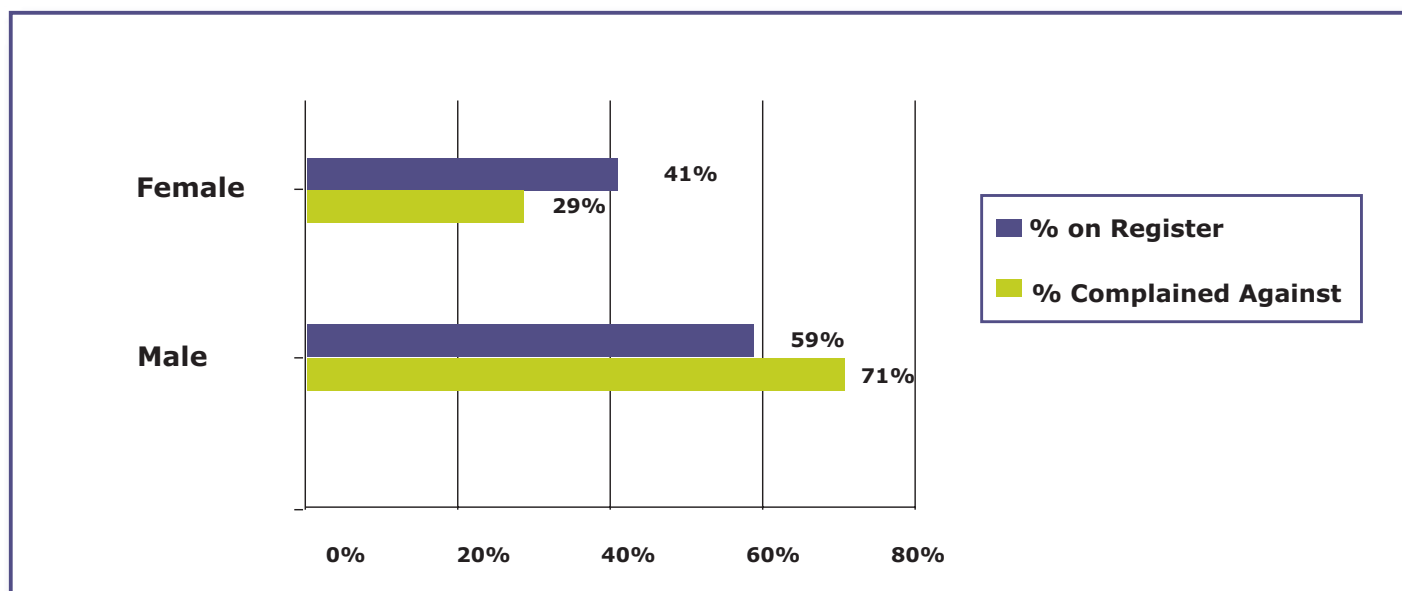
### Proportion of Doctors Complained Against compared to the Proportion of Total Doctors Registered by Age



## Appendix C - Complaints and Fitness to Practise Inquiry Statistics

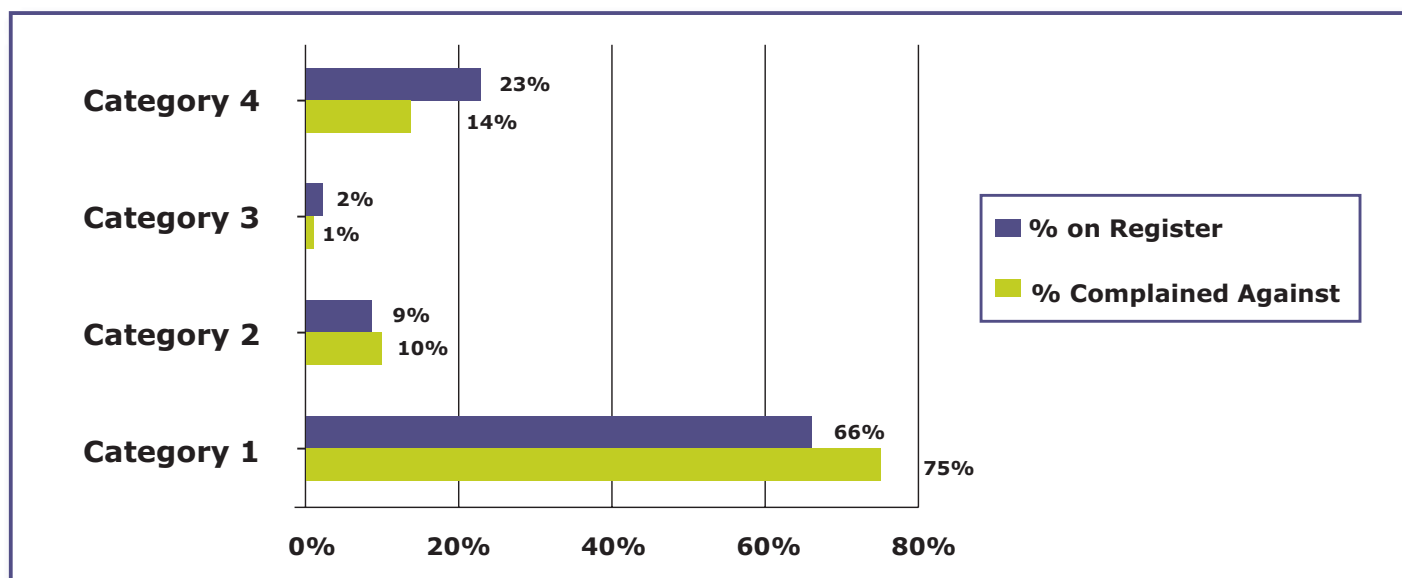
Gender	No. of Doctors Complained Against
Male	358
Female	145

### Proportion of Doctors Complained Against compared to the Proportion of Total Doctors Registered by Gender



Category of Applicant	No. of Doctors Complained Against
Category 1 (Qualified in Ireland)	377
Category 2 (EU Citizens and Graduates)	52
Category 3 (EU Graduates from outside EU)	5
Category 4 (Qualified outside EU/ EEA)	69
Total	503

### Proportion of Doctors Complained Against compared to the Proportion of Total Doctors Registered by Gender



## Appendix C - Complaints and Fitness to Practise Inquiry Statistics

When a complaint about a registered doctor is received the Medical Council's Preliminary Proceedings Committee (PPC) considers the information received as well as any information from the doctor. The PPC will decide whether the case should go forward for an inquiry by the Medical Council's Fitness to Practise Committee.

In any other case the PPC forms the opinion that the following is required:

- a) no further action
- b) referral to another body/ authority/ professional competence scheme
- c) mediation

The Council makes a decision based on the PPC opinions or can direct the complaint to be referred for inquiry.

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 received.

Decisions made	2013	2012	2011	2010
Prima Facie Decision (a Fitness to Practise inquiry was called)	32	56	39	55
No further action	346	306	299	227
Mediation	9	5	6	16
Referred to Professional Competence Scheme	4	5	-	-
Referral to another body	9	9	1	-
Withdrawal	12	15	22	16
<b>Total No. of Cases</b>	<b>412</b>	<b>396</b>	<b>367</b>	<b>314</b>

Fitness to Practise Inquires Held in 2013	
Completed	39
Adjourned	1
Pending (as at 31/12/13)	26

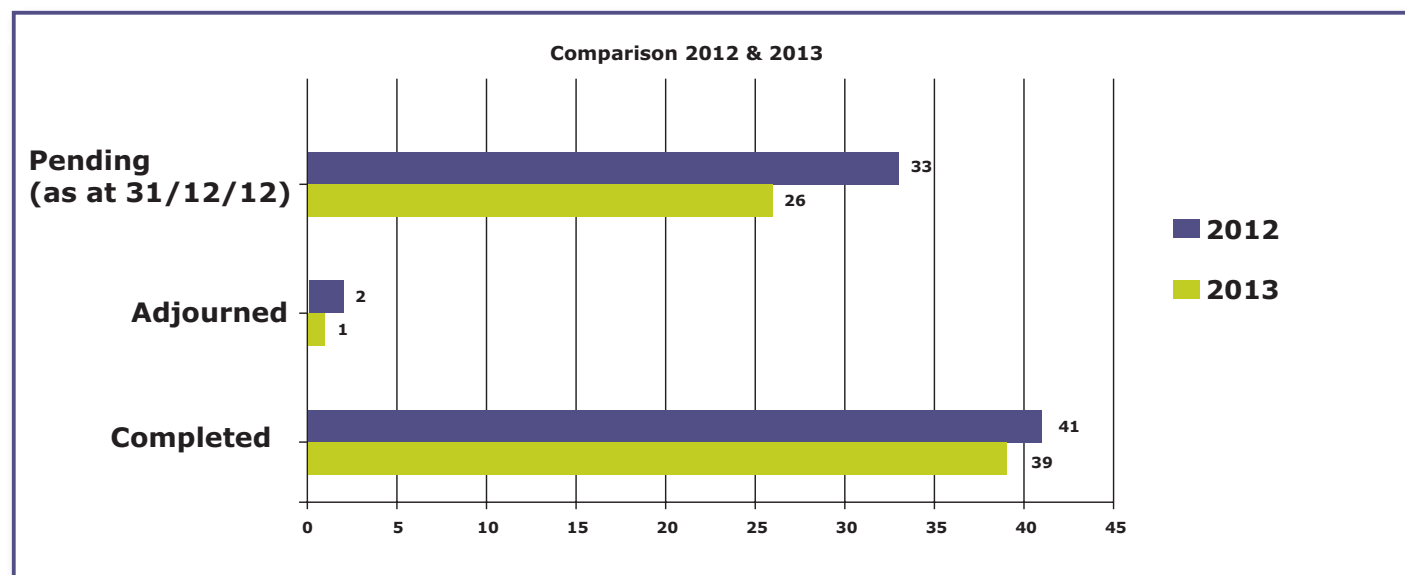
No. of Inquiry Days*	67
Average No of days per inquiry	1.8

**\*includes 7 days of Fitness to Practise Callover meetings**

## Appendix C - Complaints and Fitness to Practise Inquiry Statistics

**Fitness to Practise Callover meetings** – doctors and/or doctors' legal representative are invited to attend before the committee and dates are fixed for hearings, whether an inquiry will be held in private/public/part public and any other preliminary issues that may arise.

### Fitness to Practise Inquiries



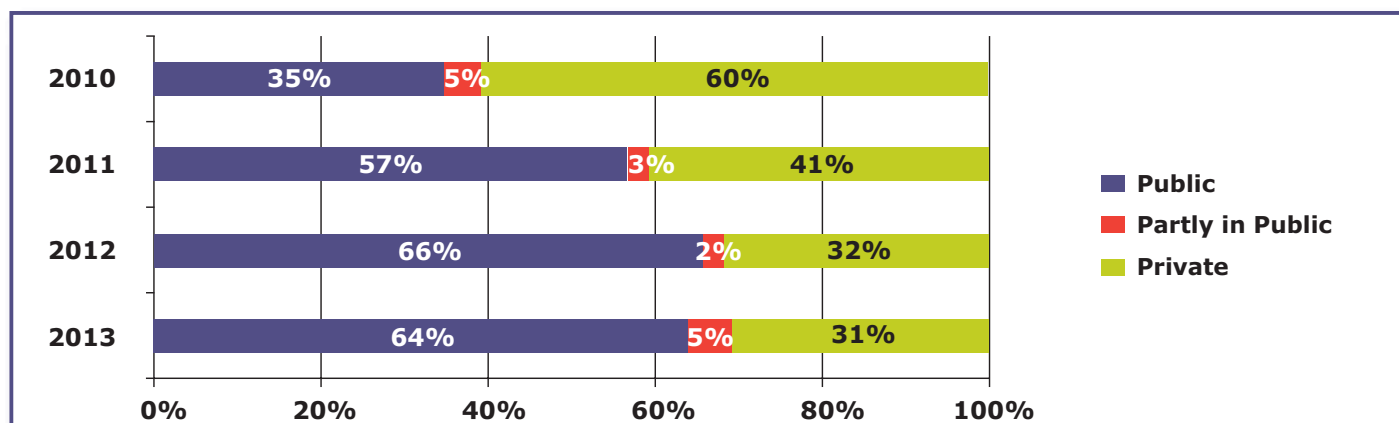
### Transparency

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. Before 2009, all inquiries were held in private.

Inquiries held in Public/Private/Part Public in 2013	
Public	25
Private	12
Part private	2

## Appendix C— Complaints and Fitness to Practise Inquiry Statistics

### Percentage of Fitness to Practise Inquiries held in public, partly in public and in private 2010-2013



### Outcome of Fitness to Practise Inquiries

	2013	2012
Guilty of Professional Misconduct	14	12
Unfit to engage in practice of medicine/ Relevant Medical Disability	0	1
Poor professional performance	10	10
Not Guilty / Fit to engage in practice of medicine / no case	5	5
Consent to Censure/ Undertaking pursuant to Section 67 of the Medical Practitioners Act	9	14
Dismissed	1	11

**Note 1:** 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.

**Note 2:** Section 67 – Allows the Fitness to Practise Committee to request the doctor, the subject of the complaint, to:

- not repeat the conduct of the complaint and/or
- be referred to a professional competence scheme and/ or
- undergo medical treatment and/ or
- be censured by the Medical Council

**Note 3:** Section 2 of the Medical Practitioners Act 2007 defines a Relevant Medical Disability (RMD) as a physical or mental disability of the practitioner

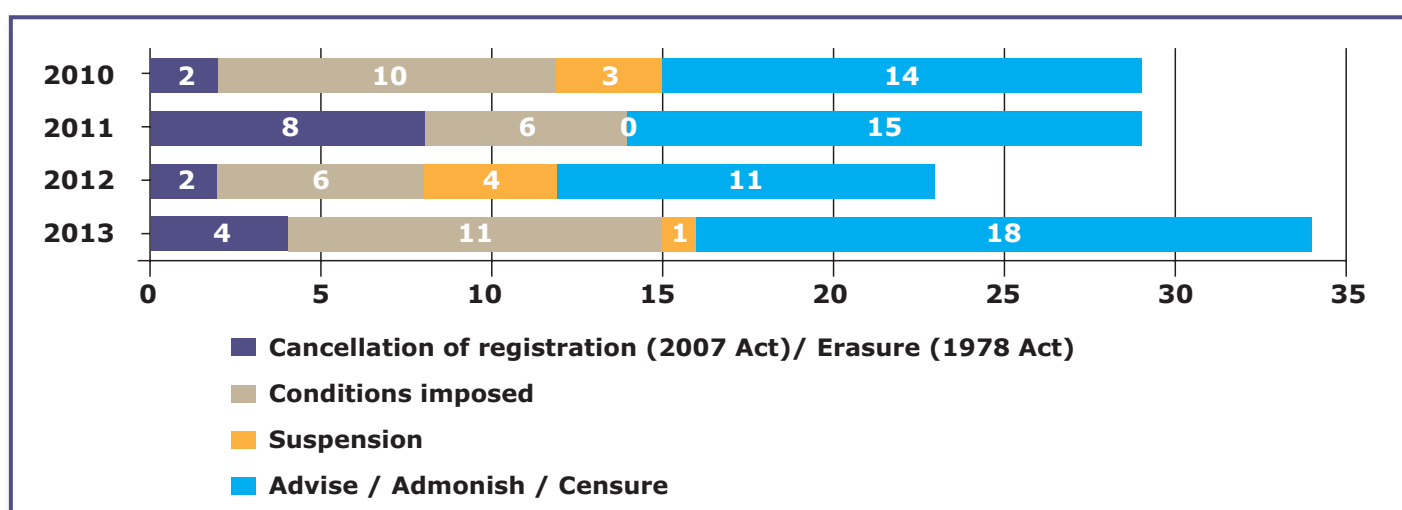
## Appendix C - Complaints and Fitness to Practise Inquiry Statistics

### Sanctions Imposed by Council on a doctor in 2013

Sanction	Number
Cancellation of registration (2007 Act)	4
Conditions	11
Suspension	1
Advise / Admonish / Censure	18
Total	34

Please note that more than one sanction can be imposed on a doctor

Reports relating to 5 inquiries held in 2012 were considered by the Medical Council in January 2013 and 3 inquiries completed in 2013 will be considered by in 2014



## APPENDIX D - FREEDOM OF INFORMATION STATISTICS

<b>No. of Freedom of Information Requests</b>	<b>2013</b>	<b>2012</b>	<b>2011</b>
Brought Forward from Previous Year	2	4	
Requests received in current year	9	25	16
Cases answered in Current year	8	27	12
Live Cases at year end	3	2	4

<b>Status of Requests</b>	<b>2013</b>	<b>2012</b>	<b>2011</b>
Granted	4	11	6
Part Granted	3	14	4
Refused	0	1	1
Withdrawn/Outside FOI	1	1	1

<b>Type of Requests</b>	<b>2013</b>	<b>2012</b>	<b>2011</b>
Personal	5	17	7
Non Personal	4	8	8
Mixed	0	0	1





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