Comhairle na nDochtúirí Leighis
Medical Council

Annual Report & Financial Statements 2016

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President's Statement

In acknowledgment of the requirements of the Code of Practice for the Governance of State Bodies (2016), in effect from 1st September 2016, Council acknowledges its responsibility for ensuring that an effective system of internal financial control is maintained and operated. The Medical Council, as consistent with the approach taken by a number of other state bodies, opted to be a late adopter of this Code of Practice, and as such has chosen to:

- Submit an annual report and financial statements that comply with the Code of Practice for the Governance of State Bodies (2009) when reporting for 2016.
- Submit an annual report and financial statements that comply with the Code of Practice for the Governance of State Bodies (2016) when reporting for 2017.

Also set out in the Code of Practice, the Office of Government Procurement Policy framework requires that all non-commercial State bodies complete a Corporate Procurement Plan. As such, the Medical Council has a plan that provides an analysis of expenditure on procurement and the procurement and purchasing structures in the organisation.

In addition, Council is adhering to the Public Spending Code, which outlines that robust and effective systems must be in place to ensure the organisation is compliant with the relevant aspects of the Code.

It is my pleasure to submit the Medical Council's Annual Report for the year ended December 31st 2016.

The past 12 months have seen much change for the Council, led by CEO Bill Prasifka in his first full year at the helm. Under Bill's leadership, the Council has developed several new initiatives which aim to improve the professional experiences of our members as well as prioritising patient safety and wellbeing. The Medical Council also continued to roll out its 2014 – 2018 Strategy, building on the six core objectives which focus on the development of a strong support system with ongoing educational activities for all our members.

The 2015 Your Training Counts survey highlighted some extremely thought-provoking figures, particularly around emigration and career intentions. Following on from this, a spotlight was put on these particular results, and a synopsis was released in early 2016. The results revealed a number of interesting facts around the long term plans of our young doctors and will help inform a strategy to ensure a sufficient number of doctors in Ireland in the future. The Council also undertook the 2016 Your Training Counts survey, the results of which are published this year.

In October, the Medical Council held an immensely successful Patient Safety & Leadership Conference, 'Enhancing the Culture of Patient Safety'. I was honoured to introduce keynote speaker Colonel Eileen Collins, who spoke about successful leadership and

principles of teamwork. The conference was attended by over 360 delegates, and was extremely well received.

We were also pleased to launch the 8th Edition of the Guide to Professional Conduct and Ethics for Registered Medical Practitioners at the Patient Safety and Leadership Conference. As highlighted in 2015, and as part of the Council's constant endeavours to provide the most pertinent guidance and direction, we performed a review of the 2009 Guide to Professional Conduct and Ethics for Registered Medical Practitioners. Superseding all prior versions, the 8th Edition was updated based on feedback gathered from, among others, members of the public, doctors, other healthcare professionals, representative bodies, and healthcare educators. It contains new guidelines on topics ranging from equality and diversity and social media to consent and the protection and welfare of vulnerable people, subjects eminently relevant in today's society.

None of the work the Council engages in would be possible without the input of our registered doctors, and I would like to take this opportunity to express my gratitude for all your participation throughout the year. I would also like to acknowledge the collaboration and cooperation of the Department of Health, the Health Service Executive, medical schools, postgraduate training bodies, and other representative bodies who have contributed to our work this past year.

Finally, I'd like to thank all the Council and committee members, and the staff for their dedication and commitment. I look forward to continuing our work in 2017.

Professor Freddie Wood

President

Chief Executive Officer Review

I am very pleased to present the Medical Council's Annual Report for 2016. At the end of my first full year as CEO, it gives me great pleasure to look back over what the Council has accomplished to date.

2016 was a very productive year for the Medical Council, with activity levels increasing across the spectrum, and in some cases reaching all time high levels, including the highest number of doctors ever on the register. At the end of the year, there were 21,795 doctors on the Register.

Your Training Counts remained an important part of our work as it highlights areas of training where improvement is needed. The third annual survey was carried out with results due to be published in late 2017, while results from the 2015 survey recorded improvements in a range of areas.

Continuing our emphasis on member engagement and development, and following on from the results of the 2015 Your Training Counts, the Safe Start programme was initiated. Announced in February, this innovative programme aims to identify how registration and employment practices can better support doctors new to the Irish health system. Over 4,000 new and recent entrants to medical practice in Ireland were approached by the medical education research team from UCD to establish what education and training they would have benefitted from when they first began work, and the findings are now being considered to decide the most appropriate way forward.

The fourth Medical Workforce Intelligence Report was published in August 2016. Carried out with the intention of providing intelligence about the medical workforce in Ireland to enhance patient safety and better support good professional practice among doctors, the report uncovered an abundance of information on medical practitioners in this country. This knowledge in turn allows the sector to plan, develop and maintain a strong and sustainable medical workforce that is readily adaptable to an ever changing healthcare landscape.

At the Medical Council, we are committed to enhancing the culture of patient safety in Ireland. To this end, in May we published the 8th Edition of the Guide for Professional Conduct and Ethics. The guide was updated after the Council completed a comprehensive consultation process with members of the public, doctors and a range of partner organisations. A copy has been issued to every doctor on the Register.

In addition, we published an online booklet during the year entitled Working with Your Doctor: useful information for patients. The booklet aims to help patients and members of the public access the best healthcare through working in partnership with their doctors and other health professionals, and thanks must go to Dr Audrey Dillon for her work on this publication.

We also hosted our conference in October with a focus on patient safety. We received very positive feedback from attendees, particularly in relation to the keynote speakers,

including Council member and patient safety advocate Ms Margaret Murphy.

In 2016, 411 complaints were received and 47 Fitness to Practice inquiries were completed. The High Court was very active in reviewing the decisions of the Medical Council and made it clear, across the range of professional regulation, that it would intervene to protect the public interest and public confidence in the medical profession.

It's five years since it became a legal requirement for all doctors on the general, specialist and supervised division of the Medical Council's register to maintain professional competence by enrolling in a professional competence scheme with a recognised postgraduate training body. As such, we felt it was the right time to review the success and the challenges of Continuing Professional Development (CPD). It emerged that a very specific cohort of doctors were much less likely to enrol in professional competence schemes than others. This is a matter of some concern and requires a coherent response from the Council, training bodies and the profession itself.

Accordingly, we have been in contact with these doctors and are seeking to understand how to engage better with them to enrol in CPD schemes, as this is also imperative to maintaining patients safety. By the end of the year we know that substantial progress has been made to increase enrolment levels, but more needs to be done.

Finally, I'd like to extend thanks to the Department of Health and our other partner organisations for their continued support and solidarity this past year. I'd also like to thank Council members and staff for their unwavering dedication and look forward to the year ahead.

Mr. William Prasifka

Chief Executive Officer

The Role and Functions of the Medical Council

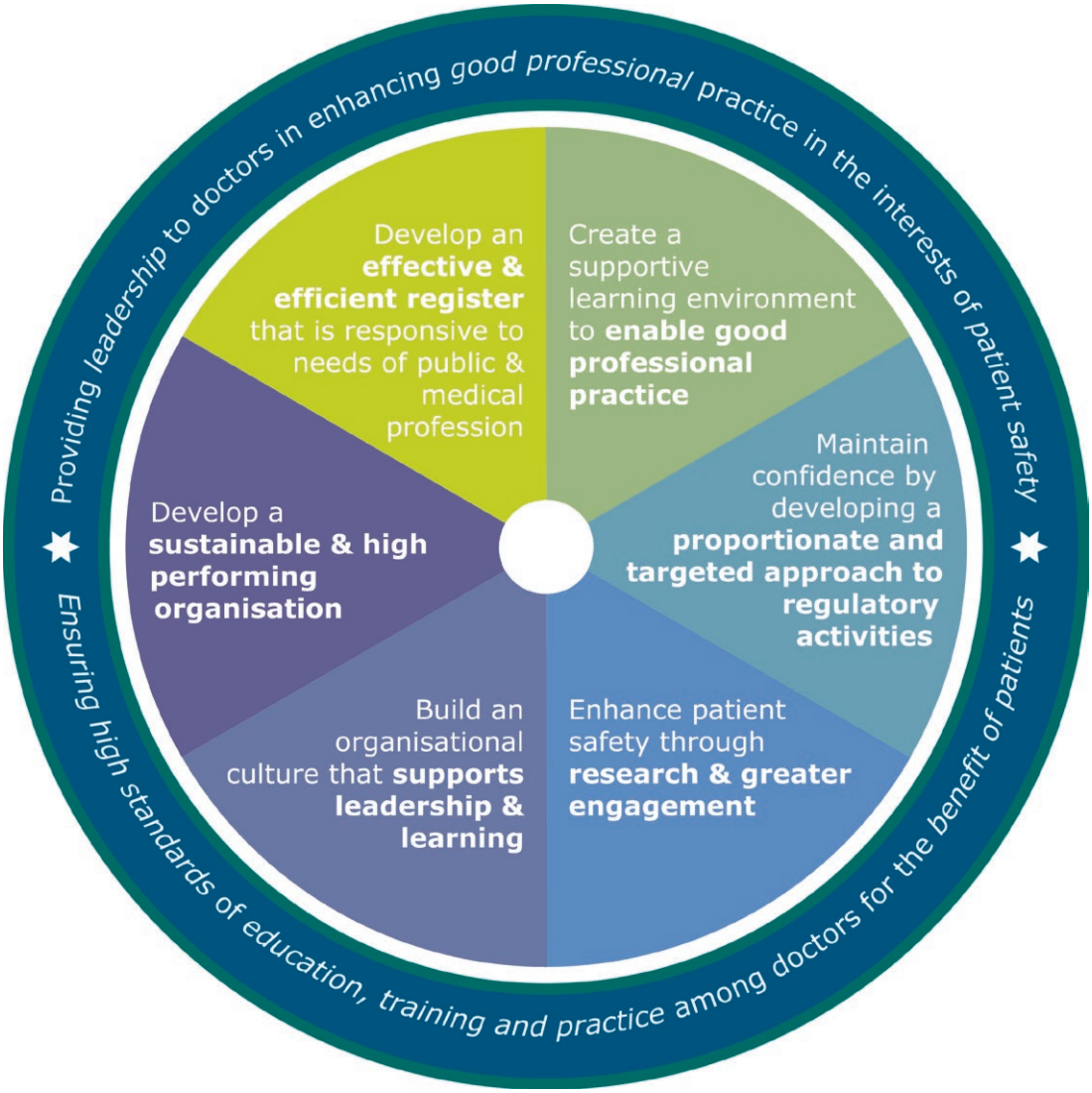
Governed by the Medical Practitioners Act 2007, the main functions of the Medical Council are to:

- 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

Statement of Strategy 2014 -2018

In 2014, the Medical Council introduced the Statement of Strategy 2014 – 2018. This plan sets out the direction of the Council for these five years and outlines six strategic objectives to be addressed which will be underpinned by five core values, which are absolutely fundamental to how we work.

Strategy Wheel



The Medical Council's Vision, Mission and Values

VISION

Providing leadership to doctors in enhancing good professional practice in the interests of patient safety

MISSION

Ensuring high standards of education, training and practice among doctors for the benefit of patients

VALUES

1. **We encourage diversity, engagement and learning to help us be a better organisation**
2. **We strive to further enhance trust between patients, doctors and the Medical Council**
3. **We lead by example, setting high standards for ourselves and for the doctors and organisations we regulate**
4. **We act in a respectful, fair, empathetic and consistent manner**
5. **We make independent informed and objective decisions and we are accountable for them**

Council Members as at 31st December 2016

Professor Freddie Wood
(President)

Dr Audrey Dillon
(Vice President)

Dr John Barragry

Dr Anthony Breslin

Ms Katharine Bulbulia

Mr Declan Carey

Ms Anne Carrigy

Mr Fergus Clancy

Dr Seán Curran

Dr Rita Doyle

Ms Mary Duff

Professor Fidelma Dunne

Council Members as at 31st December 2016


Dr Bairbre Golden


Dr Ruairi Hanley


Mr Seán Hurley


Professor Alan Johnson


Ms Marie Kehoe-O'Sullivan


Professor Mary Leader


Ms Margaret Murphy


Mr John Nisbet


Professor Colm O'Herlihy

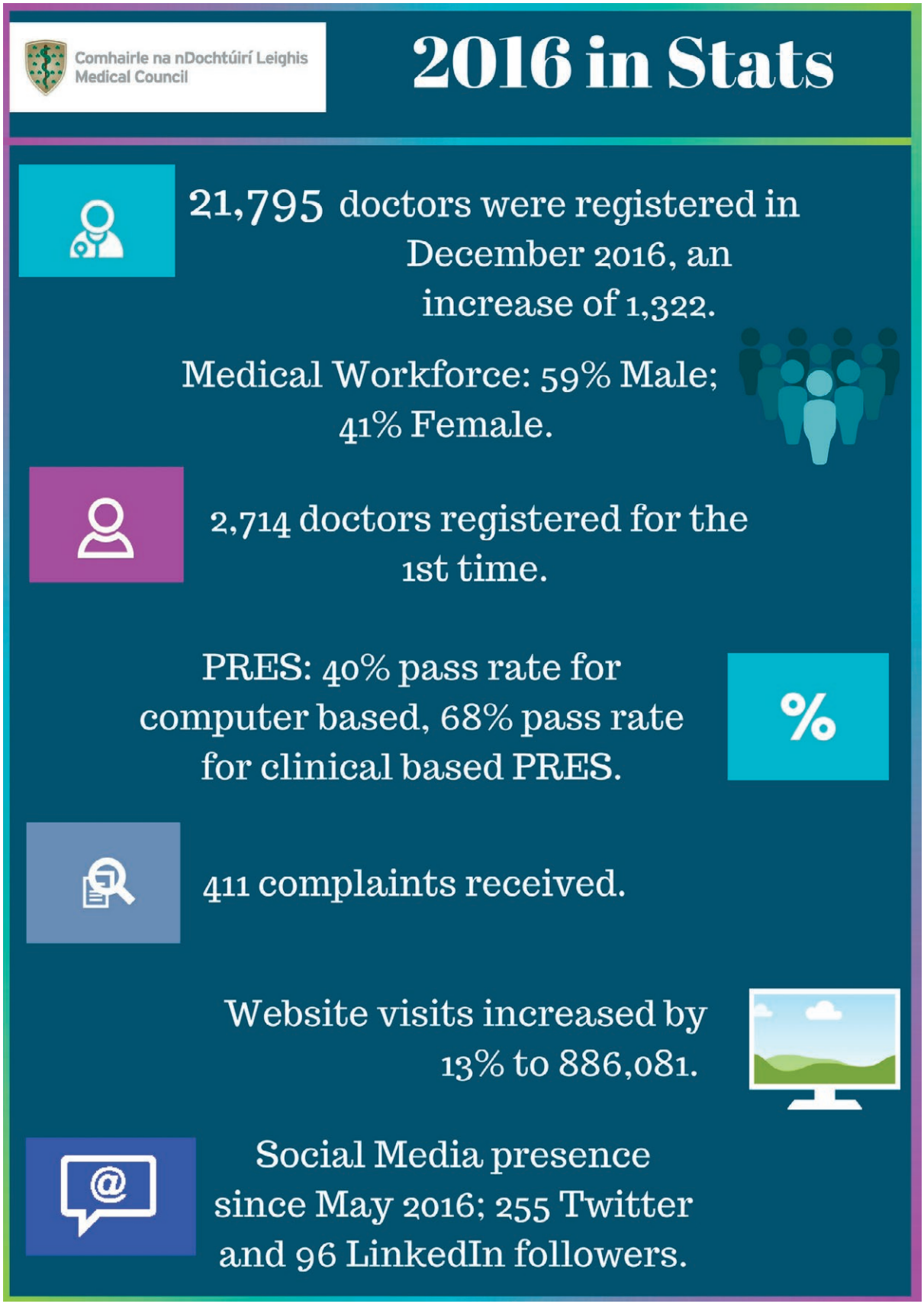

Mr Thomas J. O'Higgins


Dr Michael Ryan


Ms Cornelia Stuart


Dr Consilia Walsh

2016 At a Glance



STRATEGIC HIGHLIGHTS AND KEY ACTIVITIES

Strategic Objective 1

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

The medical register contains the name of every doctor allowed to practice medicine in Ireland. By maintaining a strict registration process, the Medical Council ensures that only those appropriately qualified gain the right to practice, thereby endeavouring to assure patient safety.

The number of medical practitioners on the register has been rising each year, and 2016 was no exception. Over 2,700 doctors registered for the first time this year, up from 2,639 in 2015.

There are different registration requirements under the legislation depending on where a doctor qualified and also which division of the register they wish to enter.

All doctors prior to registration are subject to rigorous background checks which verify identity, qualifications and ensure that the doctor is not subject to disciplinary action in any country where they have previously practised. Doctors also have a legal requirement to confirm there are no legal matters or ongoing personal health issues which may impact their ability to practise medicine.

Pre-Registration Examinations

The Pre-Registration Examination System (PRES) is for doctors who qualified outside Europe.

In 2016, **450** applicants sat the pre-registration examinations to gain entry to the Irish medical register, with **40%** of the **257** who sat the computer based examination successful, and **68%** of the **193** who sat clinical examinations successful. These examinations verify that doctors who qualified outside Europe meet the standards necessary to practise safely here.

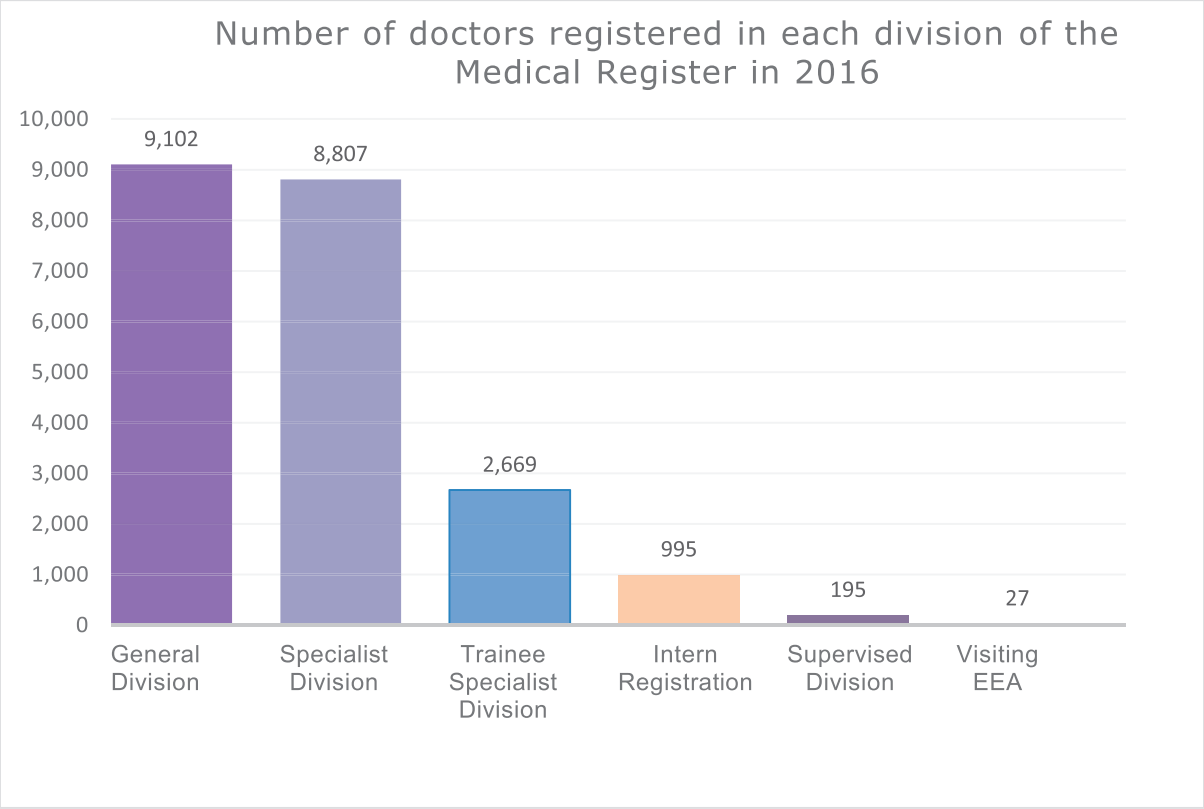
Pre-Registration Examinations	Total Sitting Exam	Pass Rate
Level 2 2016 (computer based examination)	257	40%
Level 3 2016 (clinical based examination)	193	68%

Registration Enhancements

From January 2016, Medical Council infrastructure developments enabled applicants to complete computer-based pre-registration exams at a wider range of centres around the world.

As at 31st December 2016, there were 21,795 doctors on the Register.

Divisions of the Register	Proportion of Medical Register	No. of Doctors 2016
General Division	42%	9,102
Specialist Division	40%	8,807
Trainee Specialist Division	12%	2,669
Intern Registration	5%	995
Supervised Division	1%	195
Visiting EEA	0%	27
Total	**100%**	**21,795**



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	2016 %		2015 %	
Qualified in Ireland	59%	12,827	61%	12,519
EU Citizen qualified in EU/EEA	10%	2,254	10%	2,050
Non-EU Citizen qualified in EU/EEA	4%	776	3%	689
Qualified outside EU/EEA	27%	5,938	26%	5,215
Total	**100%**	**21,795**	**100%**	**20,473**

Monitoring Committee Activities

Monitoring processes are in place where the Council attaches certain conditions on a doctor's practice. Such conditions are imposed following disciplinary action taken by the Medical Council or on first registration where an applicant has disclosed a relevant medical disability. In December 2016, 18 doctors were monitored to ensure compliance with the conditions imposed on their practice.

No. of doctors being monitored by the Medical Council Monitoring Committee	2016	2015	2014
No. of doctors with Monitoring Committee as at 31.12 2016	18	15	26
No. of new doctors with Monitoring Committee 2016	6	4	9
No longer with Monitoring Committee 2016	5*	14*	5*

*Please note this figure is not included in the no. of docs with the Monitoring Committee as at 31.12.16

Safe Start

During 2015, a need for specific induction requirements for doctors new to the Irish health system was identified. This led to the initiation of the Safe Start Programme.

The Safe Start Project, guided by a project specific Working Group, was designed to scope and design an educational intervention for doctors new to the practise of medicine in Ireland to better enable them to commence good professional practice. The Working Group was tasked with several duties, including:

- Assessing the educational needs of doctors entering the practice of medicine in Ireland for the first time, especially those who qualified outside the state
- Reviewing international approaches to supporting doctors transitioning between health systems
- Designing an educational intervention, to better support doctors entering the practice of medicine in Ireland and to make recommendations for its implementation, including specific recommendation on scope of doctors to whom the intervention will be applied and how the intervention should link with the Medical Council's registration and other functions. The design would also examine potential costs and propose a framework for evaluation of impacts and outcomes.

Led by Professor Suzanne Donnelly of UCD, a research study and report were undertaken, with results presented to the Council's Registration & Continuing Practice Committee (RCPC). The key areas covered in the recommendations of the report related to the following:

- Development of educational resources to meet the specific educational needs defined in the report, particularly in the legal and ethical foundations of good medical practice and for enhancement of specific communication skills
- Resource development with the input of new entrants, international medical graduates (IMGs) in particular, but also Irish medical school graduates, at all stages in the process
- Employ multi-faceted approaches to deliver educational interventions, e.g. interactive e-learning resources, etc.
- Address general acculturation needs of new entrants through the development of specific Safe Start 'orientation' resources, and local practice in orientation for all new entrants during transition.

The report also noted and suggested the Council consider researching further the fairness and effectiveness of currently configured educational pathways for IMGs in Ireland and the impact of the Medical Practitioners Act and healthcare organisation on their clinical educational progression and more broadly on the social, cultural and economic capital of this group of doctors in Ireland. Areas of content have been identified and work to develop these will be the focus in 2017.

Your Training Counts

Your Training Counts, the annual national trainee experience survey, is designed and delivered by the Medical Council and aims to inform and support the continuous improvement of the quality of postgraduate medical training in Ireland. A spotlight on trainee career intentions was published in July 2016.

58%
of trainees see themselves practising in Ireland for the foreseeable future

1 in 5
trainees intended to either definitely not, or probably not practice medicine in Ireland in the foreseeable future

27%
intern trainees were most likely to say they did not intend to practice in Ireland

89%
of trainees were sure about the specialty in which they wanted to practice for their long term career

35 – 39
the age group most likely to be sure about the specialty they wished to work in for their long term career

7%
of trainees were interested in a move into a different specialty area

Strategic Objective 2

Create a supportive learning environment to enable good professional practice

Doctors continue to learn and augment their skills throughout their professional lives, and the Medical Council plays an important role in providing a supportive environment conducive to such development.

Guide to Professional Conduct and Ethics

An updated *Guide to Professional Conduct and Ethics* (8th Edition) was launched at an event at the Light House Cinema in May 2016.

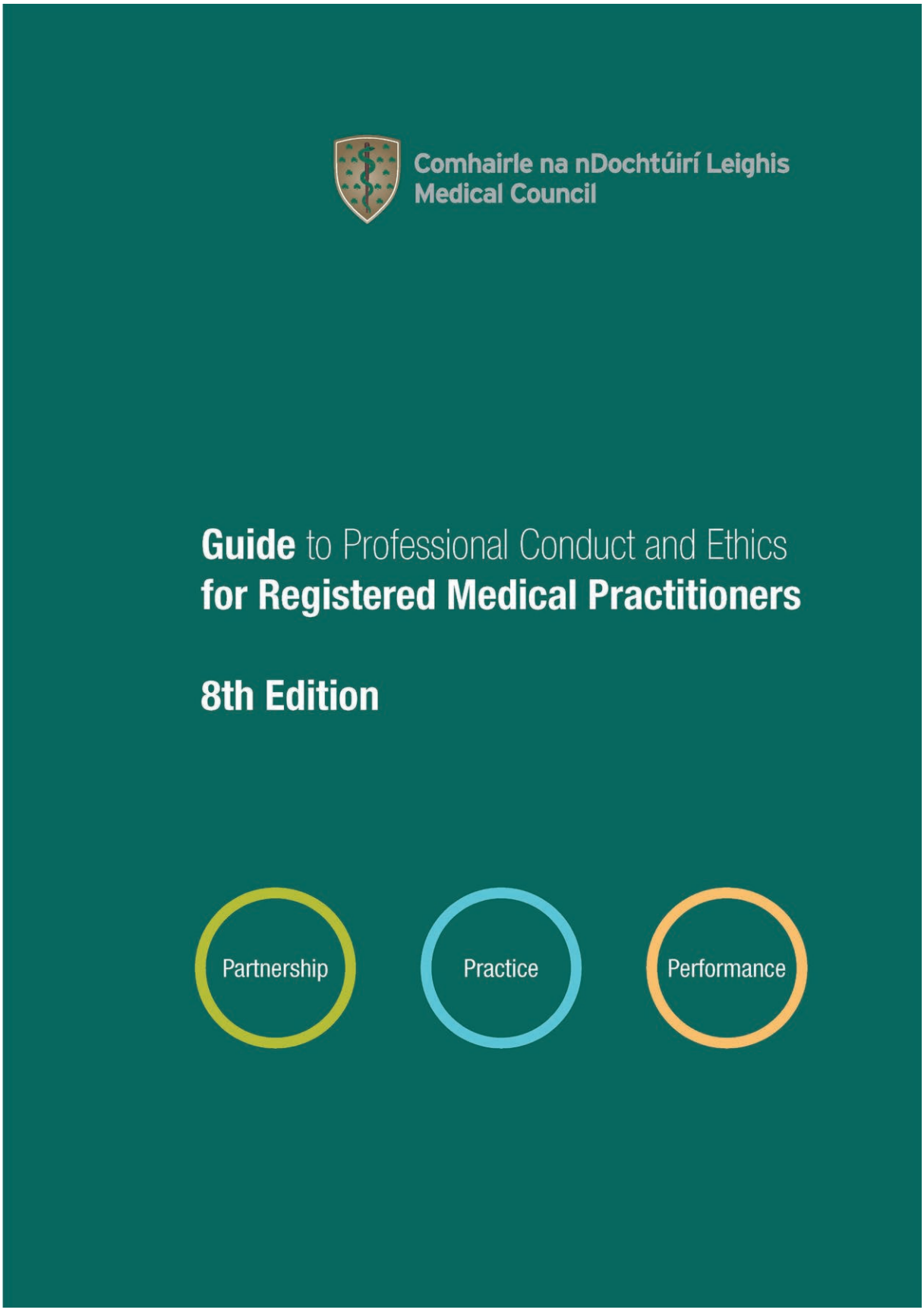
The guide was updated after the Council completed a comprehensive consultation process with members of the public, doctors and a range of partner organisations on issues relating to doctors' professional conduct and ethics.

It provides principles based guidance to doctors on a wide range of scenarios which are likely to arise over the course of their professional careers and also clarifies for patients the standards of care which they should expect from their doctor. We have revised and updated our guidance to include the most pertinent issues affecting patients and doctors, based on research and consultation. As the last ethical guide was published in 2009, the updated guide reflects the evolving nature of medical practice.

It is important to stress that the guide is not a legal code; rather it sets out the principles of professional practice and conduct that all doctors registered with the Medical Council are expected to follow and adhere to, for the benefit of the patients they care for, themselves and their colleagues. The document is designed to underpin more detailed practice guidance for doctors, who also have a duty to ensure compliance with all laws and regulations pertaining to their practice.

Pictured speaking at the launch of the 'Guide to Professional Conduct and Ethics (8th Edition)', Medical Council Chief Executive, Mr Bill Prasifka

Ms Marie Ennis O'Connor, Dr Fidelma Fitzpatrick, Prof Freddie Wood, Dr Alan Coss, Mr Bill Prasifka and Dr Audrey Dillon, pictured at the launch of the 'Guide to Professional Conduct and Ethics (8th Edition)'


Comhairle na nDochtúirí Leighis
Medical Council
Guide to Professional Conduct and Ethics
for Registered Medical Practitioners
8th Edition
Partnership
Practice
Performance

Anatomy

The Medical Council is committed to inspecting, collating and publishing annual returns from places licensed for anatomy practice in Ireland. A database of anatomy donors is maintained and approximately 100 donations were made to medical schools in Ireland during 2016.

Medical School	No. of anatomical donations
National University of Ireland Galway	11
Royal College of Surgeons in Ireland	33
Trinity College Dublin	12
University College Dublin	19
University College Cork	23
Total	**98**

Strategic Objective 3

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

The Medical Council's processes for complaints about doctors are designed to safeguard members of the public, and focus on investigating complaints in a robust and fair manner.

Investigation of Complaints

In 2016, 411 complaints were received by the Medical Council. Each complaint is investigated by the Preliminary Proceedings Committee (PPC) with the help of a dedicated case officer before a decision is made. During the year, the PPC referred 42 cases for fitness to practise, three complaints were referred to another body or authority and four doctors were referred for a performance assessment of their practice.

*In some circumstances, a complaint may be made against multiple doctors.

Fitness to Practise

Inquiries Held	2016	2015
Completed	47	35
Adjourned	2	1
Pending (as at 31/12/2016)	44	45

Outcomes of Inquiries	2016	2015
Professional Misconduct	17	6
Relevant Medical Disability	2	2
Poor Professional Performance	11	6
Not guilty / Fit to engage in practice of medicine / No case	8	7
Committed to an undertaking pursuant to section 67 of the Medical Practitioners Act (2007)	13	11
Contravention of the Medical Practitioners Act (2007)	4	4

*The total number of outcomes can be greater than the total number of inquiries held as a practitioner can have more than one finding made against them

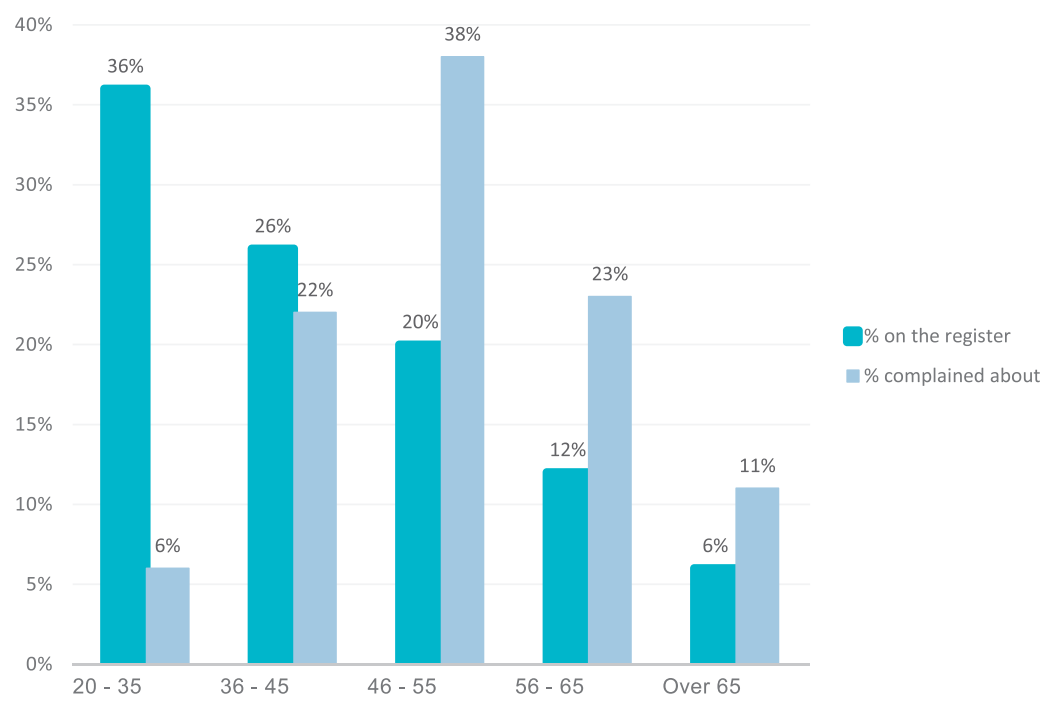
Complaints made against doctors by division of the Register

Divisions	2016	2015	2014
General Division	**136**	124	113
Specialist Division	**336**	313	245
Trainee Specialist Division	**8**	15	7
Intern Registration	**2**	0	1
Supervised Division	**1**	0	0
Total	**483**	452	366

Complaints by Age Range

Age Range	2016	2015	2014
20 – 35 years	**25**	27	26
36 – 45 years	**102**	98	87
46 – 55 years	**174**	171	122
56 – 64 years	**120**	104	88
65+ years	**62**	52	43
Total	**483**	452	366

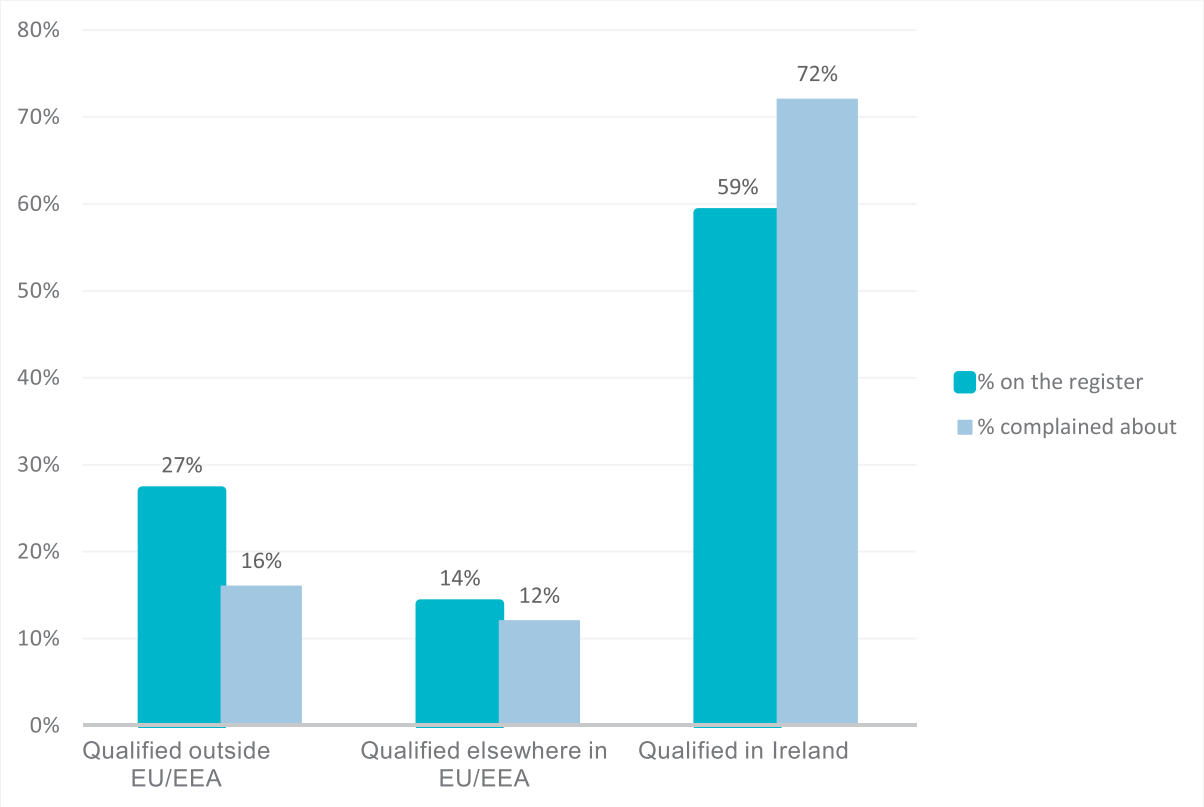
Proportion of doctors complained against compared to the proportion of total doctors registered by age



Area of qualification of doctors complained against

Category	2016	2015	2014
Qualified in Ireland	**350**	311	274
Qualified in EU/EEA	**43**	54	34
Qualified outside EU/EEA	**90**	7	58
Total	**483**	452	366

Proportion of doctors complained against compared to the proportion of doctors registered by region of qualification



There were 411 complaints received in 2016. Categories of complaint reflect the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners. Each complaint received can be categorised on numerous grounds i.e., clinical care, communication, record keeping. For example, a complaint might be in relation to poor communication but may also mention failure to refer a patient. Accordingly, the categories do not equate to the number of complaints received in a year.

Categories of Complaint Received	2016	2015	2014
Professional Conduct			
Criminal Convictions	**0**	0	1
Informing Medical Council of other regulatory proceedings/decisions, criminal charges and/or convictions	**6**	3	4
Breach of the Medical Practitioners Act, 2007	**15**	13	16
Dishonesty	**17**	8	20
Total	**38**	24	41
Responsibilities to Patients			
Reporting obligations concerning abuse of children/elderly/vulnerable adults	**3**	1	2
Treating patients with dignity	**27**	37	65
Refusal to treat	**24**	19	16
Conscientious objection	**1**	0	4
Emergencies	**3**	6	6
Appropriate professional skills	**40**	48	48
Adequate language skills	**4**	7	11
Communication	**136**	151	91
Physical and intimate examinations	**3**	11	8
Personal relationships with patients	**5**	3	2
Assisted Human Reproduction	**0**	1	0
End of Life Care	**3**	1	1
Total	**249**	285	254

Categories of Complaint Received	2016	2015	2014
Medical Records and Confidentiality			
Maintenance of accurate and up to date patient medical records	**15**	8	12
Confidentiality	**10**	27	17
Total	**25**	35	29
Professional Practice			
Maintaining competence	**31**	14	26
Reporting concerns about colleagues	**0**	2	5
Professional relationship between colleagues	**4**	6	7
Professional Indemnity	**0**	0	3
Accepting posts	**0**	0	1
Treatment of relatives	**3**	7	0
Advertising	**3**	1	1
Premises and Practice Information	**2**	2	2
Medical reports	**18**	8	20
Certification	**10**	4	4
Prescribing	**47**	36	23
Referral of patients	**18**	23	19
Locum and rota arrangement	**0**	0	1
Telemedicine	**0**	1	1
Retirement and transfer of patient care	**0**	0	1
Fees	**2**	4	2
Total	**138**	108	116

Categories of Complaint Received	2016	2015	2014
Relevant Medical Disability			
Alcohol Abuse	**3**	1	1
Drug Abuse	**3**	3	0
Mental or behavioural illness	**4**	2	0
Physical illness	**1**	0	0
Total	**11**	6	1
Treatment			
Consent	**12**	12	5
Clinical investigations and examinations	**71**	89	54
Diagnosis	**91**	90	90
Follow up care	**45**	42	51
Surgical procedures	**28**	36	22
Continuity of care	**28**	8	26
Total	**275**	277	248
Total number of categories	**736**	735	689

Decisions made by the Preliminary Proceedings Committee

Decisions Made	2016	2015	2014
Prima facie Decision (a Fitness to Practise inquiry was called)	**42**	60	26
No further action	**327**	286	252
Mediation	**6**	1	0
Referred to Professional Competence Scheme	**4**	14	4
Referral to another body	**3**	3	8
Withdrawal	**4**	14	13
Total number of decisions made	**386**	378	303

Inquiries held	2016	2015	2014
Completed	**47**	35	19
Adjourned	**2**	1	4
Pending (as at 31/12/16)	**44**	45	33

Number and length of inquiries	2016	2015	2014
No. of inquiry days	**134**	73	42
Average no. of days per inquiry	**2.8**	2.08	2.2

Outcomes of Inquiries	2016	2015	2014
Professional Misconduct	**17**	6	8
Relevant medical disability	**2**	2	0
Poor professional performance	**11**	6	2
No finding / fit to engage in practice of medicine / no case	**8**	7	5
Undertaking pursuant to section 67 of the Medical Practitioners Act, 2007	**13**	11	4
Contravention of the Medical Practitioners Act, 2007	**4**	4	0

Sanctions imposed on a Doctor by Council	2016	2015	2014
Cancellation of registration (2007 Act)	**6**	5	1
Conditions	**12**	3	4
Suspension	**2**	0	0
Advise / admonish / censure	**14**	7	7
Censure in writing and fine	**1**	2	0
Total	**35**	17	12

Inquiries held in public/private/part public	2016	2015	2014
Public	**20**	18	4
Private	**25**	12	9
Concluded at preliminary private hearing callover	**2**	5	6
Part Private	**0**	0	0

*Fitness to Practise Callover meetings take place before a panel of three Fitness to Practise Committee (FTPC) members. 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.

*The Medical Council cannot seek to hold an inquiry in private, such applications must come from another party, i.e. the doctor, a witness or the complainant.

Perceptions of the Profession

A public survey carried out by Amárach Consulting in late 2016 showed a high level of trust in doctors, with 93% of those surveyed trusting doctors to tell the truth. 91% are satisfied with their regular doctor, while 51% of respondents think that doctor's practices in Ireland have improved over the past five years. Breach of trust by sharing of confidential information would cause 77% of respondents to complain about a doctor, and over three-quarters of the public surveyed believed that the Medical Council is an effective regulator.

Comhairle na nDochtúirí Leighis
Medical Council

Perceptions of the Profession

93% rated doctors as the most trusted profession

91% of those surveyed are satisfied with their regular doctor

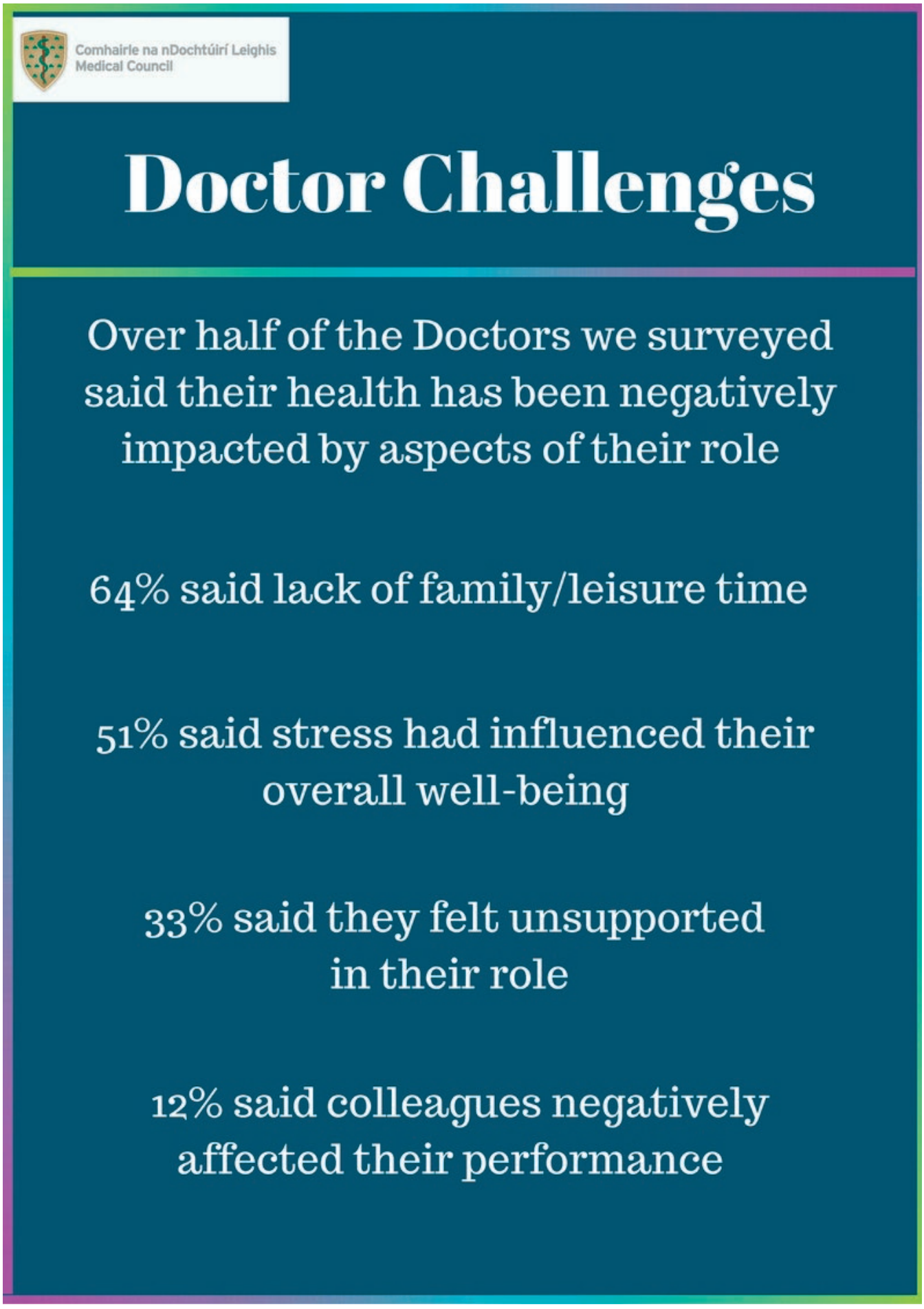
51% of respondents think that doctor's practices have improved in last 5 years

3/4 of the public surveyed believe the Medical Council is an effective regulator

Challenges doctors face

At the same time, the Medical Council undertook its own survey of doctors which highlights a number of concerns around doctor's wellbeing. Over half of doctors said that work-related stress negatively affected their overall welfare. 64% of respondents reported a lack of family / leisure time while 51% say stress has influenced their overall wellbeing.

In relation to fitness to practise concerns, if a doctor had concerns about their own fitness to practise medicine, 73% would speak to a colleague about it, while 50% of doctors surveyed had direct experience with a doctor whose standards fell below expectations. In this situation, 41% reported their issues to management.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Medical Council
Doctor Challenges
Over half of the Doctors we surveyed said their health has been negatively impacted by aspects of their role
64% said lack of family/leisure time
51% said stress had influenced their overall well-being
33% said they felt unsupported in their role
12% said colleagues negatively affected their performance

Strategic Objective 4

Enhance patient safety through insightful research and greater engagement

Engagement with the public, doctors and partner organisations continued to be a focus for the Medical Council in 2016, while the Council's research focus broadened during the year, with a range of research projects undertaken.

Research in Medical Education Awards

The Medical Council launched the Research in Medical Education Awards in a partnership arrangement with the Irish Network of Medical Educators (INMED) to undertake bodies of research in the areas of undergraduate, post-graduate and ongoing professional development. The Council has provided funding to INMED, to enable research to be completed. The first round of reports from this partnership are due to be presented in 2017.

Patient Safety and Leadership Conference

In October, the Medical Council hosted its inaugural Patient Safety & Leadership Conference, 'Enhancing the Culture of Patient Safety' at the Radisson Blu Royal Hotel, Golden Lane.

Opening the conference Professor Freddie Wood said: "Leadership is an absolutely fundamental facet of good patient care and if there is an issue in the health system, it is the role of doctors, and indeed all others working within to speak out and advocate on behalf of the patients they treat."

Astronaut Colonel Eileen Collins, the first female to pilot and command an American space shuttle also addressed the event, and elucidated on the principles of teamwork, including the key factors for successful leadership.

Other speakers at the conference include Director of the Clinical Effectiveness and Evaluation Unit at the Royal College of Physicians of London, Dr Kevin Stewart and Council member and external lead advisor for the World Health Organisation's Patients for Patient Safety Programme, Ms Margaret Murphy.

Pictured speaking at the launch of the 'Guide to Professional Conduct and Ethics (8th Edition)', Medical Council Chief Executive, Mr Bill Prasifka

Prof Freddie wood, Col Eileen Collins and Ms Margaret Murphy at the Patient Safety and Leadership Conference, 'Enhancing the Culture of Patient Safety'

Astronaut Eileen Collins, pictured speaking at the Patient Safety and Leadership Conference

Working with your Doctor: Useful Information for Patients

Also in 2016, the Medical Council launched its online tool for patients and the public entitled *Working with Your Doctor: Useful Information for Patients*. Developed following the launch of the *Guide to Professional Conduct and Ethics for Registered Medical Practitioners* (8th Edition) earlier in the year, which sets out the standards of practice doctors are expected to follow, the booklet was designed to inform patients how to get the most from their relationship with their doctor.

Speaking about the launch of the booklet, Ms Margaret Murphy, a member of the Medical Council's Ethics and Professionalism Committee, said: "If a patient goes into their doctor feeling more knowledgeable and informed, the experience is likely to be better and most importantly, adverse events are less likely to occur."

Ms Margaret Murphy addressing the audience at the launch of 'Working with your Doctor,: Useful Information for Patients'

Oibriú le do dhochtúir: faisnéis úsáideach d'othair

Comhairle na nDochtúirí Leighis
Medical Council

Strategic Objective 5

Build an organisational culture that supports leadership and learning

The Council again focussed its attention on developing an efficient and capable workforce, concentrating on implementing best practice in governance and human resources.

Learning and Development

A key objective for 2016 was the development of a comprehensive Learning and Development (L&D) Plan for Council to achieve policy development and learning objectives. To facilitate this, a series of appropriate L&D sessions were delivered to Council under this plan. These sessions took place throughout the year, and included presentations on Open Disclosure; on the changes made over last 5 years in relation to Obstetrical Care in the Republic of Ireland; Patient Safety in Ireland; Recent Developments in Regulation, and The Enright Decision.

In addition, a number of formal training sessions were held. These included a workshop for the Fitness to Practice Committee which covered topics including 'Feedback from the attendees as to what they see as the current challenges'.

A Council Away Day also took place, an annual event to allow for discussion of policy and other issues apart from the formal business agenda. During the day, several topics were discussed in detail, including a session on the 'Role of Boards and best practice in Corporate Governance' and 'Emerging Trends & Innovations in other Jurisdictions - the UK experience'.

Other topics discussed on the day were:

- Training for Medical Council Committees & Board
- Reasons for decisions (best practice on the level of detail reflected in any report/ decision)
- Type and Styles of questions recommended for Inquiry and Council hearings
- Review of sanction trends
- Privacy applications (review of trends and applications in 2016)

Leadership Commitment

Another priority objective for the year was the embedding of leadership commitment across the executive and the facilitation of a tailored leadership development programme, to include an emerging leader's programme.

To this end, two programs of a tailored IPA delivered leadership development course were delivered in 2016 in conjunction with other health regulators. Further programmes and work will continue on this in 2017 including a Skills Audit and Gap analysis and a Succession Planning piece to enable the organisation to better utilise its workforce to meet its strategic commitments throughout the remainder of the current strategy to 2018 and the future strategy to come.

Strategic Objective 6

Develop a sustainable and high-performing organisation

Fee Structure

During 2015 and 2016, the Medical Council reviewed its income model with a view to offering a more equitable fee structure. As a result, the Income Model resulted in a discount of €45 being offered to doctors in the first three years on the Register. A consultation process will commence in 2017 with all stakeholders in relation to the structure of the fee model which will inform the Strategy preparation from 2018 onwards.

Information Technology

The Medical Council endeavoured to develop our internal IT systems, including the operation of a bespoke ICT Helpdesk and meeting or exceeding operational targets.

The day to day operations of the ICT function and the active security measures undertaken by the Council have ensured the protection of the Medical Councils data and reputation. Work continues in this area to ensure the Medical Council is operating as efficiently and progressively as possible.

Sale of Lynn House

Lynn House, the former offices of the Medical Council, was sold last year, following consent from both the Minister for Health and the Minister for Public Expenditure and Reform. Consent was given on the condition that any funds accruing to the Council from the disposal of the property are held in capital reserve and utilised for the long-term spatial requirements of the organisation.

Procurement

In May 2016, Council approved the Corporate Procurement Plan for the period 2016-2018. Access to the Office of Government Procurement contracts and frameworks provided additional support to implementation of the Council's planned procurement schedule. Some of the public procurement competitions that were successfully completed by the in-house Procurement Team and through the appropriate OGP frameworks included:

- Stenography/ Transcription Services
- Review of Recognition of Medical Specialties
- Payment Gateway Services
- Research Services
- Taxi Services
- ICT Consumables
- Computers & Tablets
- Media Monitoring
- Print Services
- Health & Safety Training

Facilities Management

The Facilities Team are responsible for maintaining a fit-for-purpose, safe and efficient premises, and for facilitating arrangements for internal and stakeholder use of Medical Council facilities for meetings and other events. Some key services delivered during the year include:

- Update of the Medical Council's Health and Safety statement
- Completion of further H&S training and upskilling for Occupational First Aiders and Fire Wardens to support the IOSH-trained staff representatives in monitoring and maintaining high standards of health and safety
- In order to meet Public Sector obligations of 33% energy-efficiency savings by 2020, support was accessed from the Sustainable Energy Authority of Ireland's (SEAI) Advice, Mentoring and Assessment Programme (AMA). Recommendations arising out of the AMA programme were considered and an Energy Lead was appointed to drive the Council's Energy Management Programme as a key deliverable for 2017. The Medical Council will continue to report on progress to reduce consumption through the SEAI portal
- In line with the Council's Information Governance Framework, a Record Audit was progressed with all physical records held in off-site storage reviewed against the Council's Record Retention Schedule. This project will be completed in 2017 with Record Management policies implemented to reflect best practice
- Preventative maintenance to address seagull damage and to prevent nesting on the building's roof was completed.

Risk Management

Chief Risk Officer: Niamh Muldoon (Jan – July)

Acting Risk Officer: Deirdre Foley (August – December)

Introduction to Risk Management

The Medical Council is committed to effectively managing its risk on a formal basis to support better decision-making and business planning based on a clear understanding of risks and their likely impact. In pursuit of this objective, the Council has set out a generic framework consisting of a series of simple but well-defined steps to support ongoing risk management, to raise the awareness of risk and the need to manage it consistently and effectively across all levels of the organisation.

Risk management is the identification, assessment, and prioritisation of risks followed by coordinated and proportionate application of resources to control the impact of events or to maximise opportunities.

The Medical Council, as any organisation, must accept an element of risk across its activities. However, as a public interest organisation, the Medical Council will seek to mitigate risk as far as possible. Its key role is to protect the interests of the public when dealing with medical doctors and as such, its risk appetite is generally low to zero. It recognises however, that to successfully deliver on its mission, to enhance its public service role and provide a greater return to key stakeholders, it must be prepared to avail of opportunities where the potential reward justifies the acceptance of a certain level of additional risk. In recognition that risk may arise at multiple levels in varying forms, from taking strategic decisions to implementing supporting actions, a risk register is compiled at regular intervals throughout the year, and reported to the Audit, Strategy and Risk Committee, and the Council.

Role of Council and Audit, Strategy and Risk Committee

Council leads on the appetite, tolerance and management of risk, with the support of the Audit, Strategy and Risk Committee, who oversee the quarterly Risk Register reports. The Risk Register is designed to identify, manage and mitigate potential material risks to the achievement of the Council's strategic and business objectives. A sectional risk register is compiled by each section of the Medical Council administration, and coordinated and reported to the Audit Strategy and Risk Committee and Council, by the Chief Risk Officer.

In line with the Medical Council's Risk Management Policy, risk management is reflected in the day-to-day business operations of the offices of the Medical Council. Risk and control functions are under the oversight of the Audit Strategy and Risk Committee, and the Chief Risk Officer in addition reports directly to Council. Independent assurance supplements internal structures through the use of internal and external audit. A periodic audit carried out by an external service provider in early 2015 fully endorsed the risk management policy and procedures in place in the Medical Council.

The level of risk tolerance and appetite by the Medical Council is explained below.

A sample of the principal risks and uncertainties facing the Council in the short to

medium term are also set out below, together with the principal measures in place to mitigate against such risks. This is not an exhaustive statement of all relevant risks and uncertainties. The mitigation measures that are maintained in relation to these risks are designed to provide a reasonable, but not absolute, level of protection against the impact of the events in question.

Risk Appetite

The Medical Council has set a number of guiding risk appetite statements across the following risk categories:

Category	Assessment	Risk Appetite Guiding Statements
Strategic	**Medium Risk Appetite**	The Medical Council's key role is to protect the interests of the public when dealing with medical practitioners. Its principal roles in doing so are: ▪ assuring the quality of undergraduate education of doctors ▪ assuring the quality of postgraduate training of specialists ▪ registration of doctors ▪ disciplinary procedures ▪ guidance on professional standards / ethical conduct ▪ professional competence The Medical Council will take opportunities where considered justified by the potential economic and societal rewards, despite a greater level of inherent risk. Its risk appetite in relation to certain new strategic and policy decisions is **generally low,** due to its critical public interest role. However, in certain circumstances where the need for a progressive change or advancement is deemed appropriate the risk appetite will be **medium.** Any such actions require consideration and approval by the senior management team and the Medical Council. The organisation will in all such cases seek to mitigate the inherent risks in the implementation of these decisions, to the extent possible.
Finance & Funding	**Medium Risk Appetite**	The Medical Council is funded almost exclusively by the annual payments of registered doctors; no funds are received from government or other sources. Its funding arrangements are as such relatively stable and allows for an element of long term strategic planning. Its risk appetite in this area reflects its strategic risk appetite and is generally **low to medium.** The Medical Council will maintain its high financial stewardship standards and will continue to ensure that

Category	Assessment	Risk Appetite Guiding Statements
		financial commitments do not exceed available resources. Its risk appetite in relation to financial stewardship is **low.**
Reputational	**Medium Risk Appetite**	As the Medical Council's key role is to protect the interests of members of the public in their dealings with medical doctors it is important that there is confidence in the integrity of its activities and processes and that it is seen to offer a tangible return to all its stakeholders. Its risk appetite in relation to perceived failures in this area is generally **low.** The Medical Council recognises that it must always be conscious of its critical public duty but that in certain cases it may be necessary to advance unpopular initiatives or take unpopular stances where it is considered appropriate in the interests of protecting the public. Its risk appetite in this area is generally **medium.**
Operational	**Low Risk Appetite**	Operational includes the management of its principal roles as described above and also the management of all support functions which enable the fulfilments of its principal roles. The Medical Council has developed a comprehensive and rigorous framework including policies and procedures to support operational management and as such its appetite for risk in this area is generally **low.**
Compliance	**Zero Risk Appetite**	The Medical Council defines policies and procedures to support its legal and compliance requirements. The Medical Council expects full compliance, and will avoid any risk or uncertainty in this area. As such its risk appetite in the category of compliance is generally **zero.**

Snapshot of key risks as of December 2016

Regular reports are provided to the Audit, Strategy and Risk Committee and Council on the principal risks facing the organisations. A summary of some of the key risks as at December 2016 is provided below:

Personnel / Workforce Planning

An inability to fill vacant roles without Departmental authorisation has led to a loss of skills and an increased workload for remaining staff. This has presented challenges in a number of areas and affected operational efficiency in 2016.

It will be imperative that vacant posts are filled as soon as possible in 2017 to ensure efficiency within the organisation and counter a rising employment market, and the Medical Council will continue to work with the Department of Health to develop a more sustainable approach to manpower planning.

Legal and Regulatory Compliance / Legislative Developments

The Medical Council will seek to work closely with the Department of Health in 2017 to inform legislative developments and seek changes where it believes it is in the interests of patients and doctors.

Finance

The Medical Council has noted as a standing risk item the exposure to significant Pension Liabilities leading to long term funding challenges. Whilst the Council is not alone in this challenge, we are seeking clarity and support from the relevant government departments as to how best, we can meet these commitments.

Complaints & Fitness to Practise

The Medical Council's complaints systems are designed to address issues with doctors' fitness to practise in order to best protect the public. Systems must operate within a strict legislative framework with decisions open to legal challenge. There is a reliance on others, not only to notify the Medical Council of potential issues with doctors' practise, but to assist and facilitate this office in their efficient investigation and consideration of complaints and inquiries. This can bring an ongoing risk that the Medical Council is not well informed, or not in a position to take action or investigate a matter as quickly as it would wish.

The Medical Council will continue to engage with employers, hospitals and colleagues within the health system so that concerns about doctors are addressed at the appropriate level within the health system, and that the Medical Council can benefit from co-operation and efficiency from all parties when investigating a matter. Suggested legislative amendments will be progressed with the Department of Health with a view to ensuring that the legal framework underpinning complaints systems is as robust as possible.

Professional Development and Practice

Risk to the transparency of registered medical practitioners demonstrating their maintenance of professional competence by failing to enrol on a recognised professional competence scheme.

The Medical Council will continue to engage with registrants, employers, stakeholders and colleagues within the health system to reinforce awareness of registered medical practitioner's legal duty to be enrolled on a professional competence scheme.

Risk of failure to achieve timely registration processing as a result of mismatch between application volumes and registration resources leading to backlogs.

The Medical Council will continue to review its processes and increase stream lined efficiency initiatives to minimise any potential for delay in applications being processed.

Risk of damage to reputation of Medical Council owing to failure to efficiently utilise performance assessment.

The Medical Council will continue to engage with reviewing and refining the use of performance assessment, to ensure effective, efficient and proportionate use.

IT Systems

Much of the Medical Council's activities are conducted online, with its website the primary information source for both patients and doctors, and with all practising doctors now able to maintain their registration through the use of online systems. As in the case of most organisations today, the dependence on online systems poses a risk for the Medical Council.

Existing business continuity processes will be refined and tested to ensure the Medical Council's systems are in line with best practice from both an infrastructural and data protection perspective.

Financial Statements for year ended 31st December 2016

COUNCIL MEMBERS AND OTHER INFORMATION

President	Professor Freddie Wood
Vice President	Dr Audrey Dillon
Chief Executive Officer	Mr William Prasifka

Council

Professor Freddie Wood	Mr Seán Hurley
Dr Audrey Dillon	Professor Alan Johnson
Dr John Barragry	Ms Marie Kehoe-O'Sullivan
Dr Anthony Breslin	Professor Mary Leader
Ms Katharine Bulbulia	Dr Consilia Walsh
Mr Declan Carey	Ms Margaret Murphy
Ms Anne Carrigy	Mr John Nisbet
Dr Seán Curran	Professor Colm O'Herlihy
Dr Rita Doyle	Dr Michael Ryan
Ms Mary Duff	Ms Cornelia Stuart
Professor Fidelma Dunne	Dr Bairbre Golden
Dr Ruairi Hanley	Mr Fergus Clancy
Mr Tom O'Higgins	

The current term of office for the Medical Council began on 1st June 2013 when the 8th Council took office.

Offices	Kingram House Kingram Place Dublin 2
Auditors	Comptroller & Auditor General 3A Mayor Street Upper Dublin 1
Bankers	Bank of Ireland Rathmines Road Rathmines Dublin 6
Solicitors	McDowell Purcell The Capel Building Mary's Abbey Dublin 7

COUNCIL'S REPORT

The Council present their report and the audited financial statements for the year ended 31st December 2016.

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.

Internal Audit
The Council has an internal audit function outsourced to BDO, Chartered Accountants and Registered Auditors for the provision of this service 2014 – 2017.

Accounting Records
To ensure that adequate 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 accounting records are located at the Council's office at Kingram House, Kingram Place, Dublin 2.

Approved by the Council on 12th July 2017 and signed on its behalf by

Professor Freddie Wood	**Mr. William Prasifka**
President	Chief Executive Officer

Dated: 12th July 2017

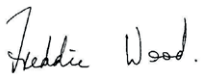
STATEMENT OF COUNCIL RESPONSIBILITIES

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 adequate accounting records 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 Act 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 12th July 2017 and signed on its behalf by



Professor Freddie Wood
President

Mr. William Prasifka
Chief Executive Officer

Dated: 12th July 2017

STATEMENT ON THE INTERNAL FINANCIAL CONTROLS

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, Strategy & Risk Committee.

During the year ended 31st December 2016 the following controls were reviewed/ implemented:

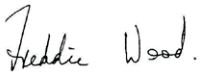
- Monthly management accounts with explanation of significant deviations from budget;
- Annual Accounts for 2016 with explanation of significant variances;
- Annual budget plan for 2017;

  Internal audits were performed by BDO on ICT Operations, Case Management, HR & People Management, Review of Governance Practices and the Review of Audit Recommendations.

STATEMENT ON THE INTERNAL FINANCIAL CONTROLS (CONTINUED)

The Council conducted a review of the effectiveness of the system of the internal financial controls for the year ended 31st December 2016.

Signed on behalf of the Medical Council



Professor Freddie Wood
President

Dated: 12th July 2017

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 ended 31 December 2016 under the Medical Practitioners Act 2007. The financial statements comprise the statement of income and expenditure and retained revenue reserves, the statement of comprehensive income, the statement of financial position, the statement of cash flows 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.

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 and for ensuring the regularity of transactions.

Responsibilities of the Comptroller and Auditor General

My responsibility is to audit the financial statements and to 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 Medical 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 Medical Council's annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. 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:

- give a true and fair view of the assets, liabilities and financial position of the Medical Council as at 31 December 2016 and of its income and expenditure for 2016; and
- have been properly prepared in accordance with generally accepted accounting practice.

In my opinion, the accounting records of the Medical Council were sufficient to permit the financial statements to be readily and properly audited. The financial statements are in agreement with the accounting records.

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 if I find

- 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 Medical Council's annual report is not consistent with the related financial statements or with the knowledge acquired by me in the course of performing the audit, or
- the statement on internal financial control does not reflect the Medical Council's compliance with the Code of Practice for the Governance of State Bodies, or
- 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

Patricia Sheehan
For and on behalf of the
Comptroller and Auditor General
14 **July 2017**

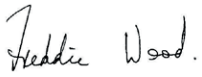
STATEMENT OF INCOME AND EXPENDITURE AND RETAINED REVENUE RESERVES

for the year ended 31st December 2016

	Notes	2016 €	2015 €
Income			
Retention fees	**10**	**10,574,820**	9,401,765
Registration fees	**2**	**2,576,636**	2,742,722
Miscellaneous income	**2**	**436,454**	434,973
Total income		**13,587,910**	12,579,460
Expenditure			
Wages and salaries	**4**	**3,470,965**	3,475,793
Retirement benefit costs	**11(a)**	**843,544**	1,344,793
Council and meeting expenses	**4**	**614,420**	513,097
Staff recruitment, training and education		**200,279**	218,737
Rent and rates		**974,176**	1,074,363
Legal expenses	**3**	**3,662,791**	2,771,344
General administration	**3**	**1,071,057**	1,127,295
Consultancy and other professional fees	**3**	**224,142**	386,687
Finance charges		**143,512**	122,868
Audit fees		**16,000**	18,000
Advertising & media monitoring		**24,009**	25,820
Gain on asset disposals		**(1,443,553)**	(3,803)
Depreciation	**6**	**374,395**	473,547
Total Expenditure		**(10,175,737)**	(11,548,541)
Operating surplus		**3,412,173**	1,030,919
Fair value movement in financial assets	**7**	**49,835**	(309)
Interest payable		**(835)**	69,069
Investment income		**83,507**	37,232
Surplus for the year	**12**	**3,544,680**	1,136,911
Transfer from / (to) pension reserve	**12**	**284,197**	1,178,669
Balance Brought Forward at 1st January		**17,083,299**	14,767,719
Balance Carried Forward at 31st December		**20,912,176**	17,083,299

The Statement of Cash Flows and Notes on pages 56 – 68 form part of the financial statements.

Approved by the Council on 12th July 2017 and signed on its behalf by



Professor Freddie Wood
President

Mr. William Prasifka
Chief Executive Officer

Dated 12th July 2017

STATEMENT OF COMPREHENSIVE INCOME

for the year ended 31st December 2016

	Notes	2016 €	2015 €
Surplus for the year	12	**3,544,680**	1,136,911
Experience (loss) / gain on retirement benefit obligations	11	**297,000**	(2,722,000)
Change in assumptions underlying the present value of retirement benefit obligation		**(1,209,000)**	0
Total comprehensive income for the year		**2,632,680**	(1,585,089)

The Statement of Cash Flows and Notes on pages 56 – 68 form part of the financial statements.

Approved by Council on 12th July 2017 and signed on its behalf:

Professor Freddie Wood
President

Mr. William Prasifka
Chief Executive Officer

Dated: 12th July 2017

STATEMENT OF FINANCIAL POSITION

as at 31st December 2016

	Notes	2016 €	2015 €
Non-Current Assets			
Property, plant and equipment	**6**	**1,640,689**	2,717,971
Financial assets	**7**	**4,235,046**	6,147,487
		5,875,735	8,865,458
Current Assets			
Receivables	**8**	**1,027,243**	1,152,564
Cash and cash equivalents		**22,053,831**	14,110,364
		23,081,074	15,262,928
Current Liabilities (amounts falling due within one year)			
Payables	**9**	**(8,044,633)**	(7,045,087)
Net Current Assets		**15,036,441**	8,217,841
Total Assets less Current Liabilities (before retirement benefits)		**20,912,176**	17,083,299
Deferred funding asset for pensions	**11(e)**	**513,000**	-
Retirement benefit obligations	**11(b)**	**(17,510,000)**	(15,800,803)
Net Assets		**3,915,176**	1,282,496
Representing			
Retained revenue reserves	**12**	**20,912,176**	17,083,299
Retirement benefit reserve	**12**	**(16,997,000)**	(15,800,803)
Total		**3,915,176**	1,282,496

The Statement of Cash Flows and Notes on pages 56 – 68 form part of the financial statements.

Approved by the Council on 12th July 2017 and signed on its behalf by

Professor Freddie Wood
President

Mr. William Prasifka
Chief Executive Officer

Dated 12th July 2017

STATEMENT OF CASH FLOWS

for the year ended 31st December 2016

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

Net Cash Flows from Operating Activities	**2016**	2015
	€	€
Excess Income over expenditure	**3,544,680**	1,136,911
Net deferred funding for pensions	**(513,000)**	0
Depreciation and impairment of property, plant & equipment	**374,395**	476,950
Decrease / (increase) in receivables	**125,320**	263,623
Increase / (decrease) in payables	**999,546**	949,593
Increase / (decrease) in retirement benefits charge	**797,197**	1,178,669
Net Cash Inflow from Operating Activities	**5,328,139**	4,005,746
Cash Flows from Investing Activities		
Interest received	**0**	(69,069)
Payments to acquire property, plant & equipment	**(111,048)**	(270,125)
Receipts from investment portfolio	**(83,507)**	(37,232)
Investment in equity portfolio	**2,000,000**	(3,000,000)
Payments of portfolio management fee	**42,211**	24,469
Fair value movement in financial assets	**(49,836)**	309
Interest on investment portfolio accrued	**3,572**	39,871
Carrying cost of Property disposed	**813,936**	0
Net Cash Flows from Investing Activities	**2,615,328**	(3,311,777)
Net Increase / (decrease) in Cash and Cash Equivalents	**7,943,467**	693,969
Cash and cash equivalents at 1st January	**14,110,364**	13,416,395
Cash and Cash equivalents at 31st December	**22,053,831**	14,110,364

Notes to the Financial Statements

for the year ended 31st December 2016

1. Accounting Policies

The basis of accounting and significant accounting policies adopted by the Medical Council are set out below. They have all been applied consistently throughout the year and for the preceding year.

a) **General Information**

The Medical Council was set up under the Medical Practitioners Act 1978 (updated in 2007), with a head office at Kingram House, Kingram Place, Dublin 2.

The Medical Council's primary objective 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 as set out in Part 2 S.6 of the Medical Practitioners Act 2007.

The Medical Council is a Public Benefit Entity (PBE).

b) **Statement of Compliance**

The financial statements of the Medical Council for the year ended 31st December 2016 have been prepared in accordance with FRS 102, the financial reporting standard applicable in the UK and Ireland issued by the Financial Reporting Council (FRC), as promulgated by Chartered Accountants Ireland. The date of transition to FRS 102 is 1 January 2014.

c) **Basis of Preparation**

The financial statements have been prepared under the historical cost convention, except for certain assets and liabilities that are measured at fair values as explained in the accounting policies below. The financial statements are in the form approved by the Minister for Health with the concurrence of the Minister for Finance under the Medical Practitioners Act 2007. The following policies have been applied consistently in dealing with items which are considered material in relation to the Medical Council's financial statements.

d) **Property, Plant & Equipment**

Property, plant and equipment 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 property, plant and equipment, less their estimated residual value, over their expected useful lives as follows:

Buildings	-	2% straight line
Leasehold improvements	-	5% straight line
Office equipment	-	20% straight line
Fixtures and fittings	-	12.5% straight line
Computer equipment and software development	-	33.3% straight line

Premises are subject to a policy of revaluation every 5 years with an interim valuation in year 3 per FRS 102. At 31st December 2016 no freehold premises were held on the Asset Register following the de-recognition of Lynn House.

It is the policy of the Medical Council to revalue its artwork fixed assets every 5 years. A valuation was scheduled to take place in 2016 and due to circumstances beyond the control of the Medical Council this valuation has been postponed to 2017.
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.

ACCOUNTING POLICIES (CONTINUED)

for the year ended 31st December 2016

e) **Financial Assets**

Financial assets held as non-current assets are stated at their market value. Any surplus or deficiency is accounted for through the Statement of Comprehensive Income and the Statement of Income and Expenditure and Retained Reserves respectively. Income from financial assets together with any related withholding tax is recognised in the Statement of Income and Expenditure account in the year in which it is receivable.

The Council holds an investment in a fund consisting of bonds, cash investment funds and equitable shares in a number of companies which are listed and actively traded on recognised stock markets. The fund is managed external to the Council. Income from the Investment portfolio (net of related withholding tax) is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves in the year in which it is receivable. The investment was initially recognised at cost and thereafter valued at fair value through the Statement of Income and Expenditure and Retained Revenue Reserves. Fair value is the mid-price of the securities in an active market at the reporting date after considering the tax payable on any gains earned. Changes in the fair value of investments are recognised in the Statement of Income and Expenditure and Retained Revenue Reserves in the year in which they occur.

f) **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 Statement of Income and Expenditure and Retained Reserves.

g) **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.

h) **Interest Income**

Interest income is recognised on an accruals basis using the effective interest rate method.

i) **Retirement Benefits**

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

Retirement benefit scheme obligations are measured on an actuarial basis using the projected unit method.

Retirement benefit costs reflect retirement benefits earned by employees in the period and are shown net of staff retirement benefit contributions which are retained by 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 Comprehensive Income for the year in which they occur.

Retirement benefit obligations represent the present value of future retirement benefit payments earned by staff to date. The retirement benefit reserve represents the funding deficit on the retirement benefit scheme obligations.

The Council also operates the Single Public Services Pension Scheme ("Single Scheme"), which is a defined benefit scheme for pensionable public servants appointed on or after 1 January 2013. Single Scheme members' contributions are paid over to the Department of Public Expenditure and Reform (DPER). In addition, an employer contribution is also payable to DPER in accordance with DPER Circular 28/2016. The liability in respect of the Single Scheme members is matched by a deferred funding asset on the basis of the provisions of Section 44 of the Public Service Pensions (Single Scheme and other Provisions) Act 2012.

j) **Operating Leases**
Rental expenditure under operating leases is recognised in the Statement of Income and Expenditure and Retained Reserves over the life of the lease. Expenditure is recognised on a straight-line basis over the lease period, except where there are rental increases linked to the expected rate of inflation, in which case these increases are recognised over the life of the lease.

k) **Receivables**
Trade receivables are recorded at fee level determined by Council in accordance with Section 36 of the MPA Act 2007. Failure to complete the Annual Retention Application form and the payment of the Retention fee results in erasure from the Register of Medical Practitioners in compliance with Section 79 of the MPA Act 2007. This process negates the requirement to provide for doubtful debts as the fees issued are reversed on erasure. Other receivables are recorded at transaction price.

l**) Critical Accounting Judgements and Estimates**
The preparation of the financial statement requires management to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as at the balance sheet date and the amounts reported for revenues and expenses during the year. However, the nature of estimation means that actual outcomes could differ from those estimates. The following judgements have had the most significant effect on amounts recognised in the financial statements.

Impairment of Property, Plant and Equipment
Assets that are subject to amortisation are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less cost to sell and value in use. For the purpose of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash flows (cash generating units). Non-financial assets that suffered impairment are reviewed for possible reversal of the impairment at each reporting date.

Depreciation and Residual Values
The Finance Manager has reviewed the asset lives and associated residual values of all property, plant and equipment classes, and in particular, the useful economic life and residual values of fixtures and fittings, and has concluded that asset lives and residual values are appropriate.

Provisions
The Medical Council makes provisions for legal and constructive obligations, which it knows to be outstanding at the period end date. These provisions are generally made based on historical or other pertinent information, adjusted for recent trends where relevant. However, they are estimates of the financial costs of events that may not occur for some years. As a result of this and the level of uncertainty attached to the final outcomes, the actual out-turn may differ significantly from that estimated.

ACCOUNTING POLICIES (CONTINUED)

for the year ended 31st December 2016

Retirement Benefit Obligation

The assumptions underlying the actuarial valuations for which the amounts recognised in the financial statements are determined (including discount rates, rates of increase in future compensation levels, mortality rates and healthcare cost trend rates) are updated annually based on current economic conditions, and for any relevant changes to the terms and conditions of the pension and post-retirement plans.

The assumptions can be affected by:

(i) the discount rate, changes in the rate of return on high-quality corporate bonds
(ii) future compensation levels, future labour market conditions
(iii) health care cost trend rates, the rate of medical cost inflation in the relevant regions.

2. INCOME

Income items are made up as follows:	**2016**	2015
	€	€
Registration fees		
Internship	**240,560**	232,765
General registration	**2,146,636**	2,343,332
Restoration to General Register of Medical Practitioners	**44,870**	33,225
Specialist registration fees	**144,570**	133,400
	2,576,636	2,742,722
Miscellaneous income		
Service fees	**28,185**	34,617
Accreditation fees	**(12,776)**	1,000
Examinations	**192,425**	219,555
Certificate of good standing	**136,222**	122,796
Late payment fee	**19,192**	8,925
Legal costs recovered	**2,750**	17,000
Other	**70,456**	31,080
	436,454	434,973

3. EXPENDITURE

	2016	2015
	€	€
Expenditure items are made up as follows:		
Legal Expenses		
Legal and professional	**410,525**	429,658
Part V (a) Inquiries	**3,210,122**	1,996,636
Part V (b) High Court & Supreme Court proceedings	**42,144**	345,050
	3,662,791	2,771,344

	2016	2015
	€	€
General Administration		
Insurance	**83,219**	86,048
Light and heat	**92,080**	97,378
Repairs and maintenance	**100,066**	81,191
Equipment maintenance	**(357)**	5,282
Printing, postage and stationery	**114,443**	74,175
File administration and storage	**37,331**	84,162
Telephone and modem charges	**30,467**	39,446
Computer costs	**309,384**	291,432
Caretaking and cleaning	**37,062**	36,948
Security	**34,982**	45,149
Accreditations	**132,843**	145,895
Research	**44,373**	113,112
General expenses	**55,164**	27,077
	1,071,057	1,127,295
Consultancy and Other Professional Fees		
Business Consultancy	**175,311**	326,965
Communication fees	**44,280**	44,280
IT Consultancy fees	**4,551**	15,442
	224,142	386,687

4. EMPLOYEES AND REMUNERATION

4.a. Number of employees

The average number of persons employed during the year was 70 (2015: 63)

The staff costs are comprised of:	2016	2015
	€	€
Wages and salaries	**3,180,976**	3,207,247
Social welfare costs	**289,989**	268,546
	3,470,965	3,475,793
Retirement benefit costs (Note 11a)	**843,544**	1,344,793
	4,314,509	4,820,586

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

for the year ended 31st December 2016

4.b. Employee benefits breakdown

Range of total employee benefits		Number of Employees	
From	To	2016	2015
€60,000	- €69,999	5	5
€70,000	- €79,999	2	0
€80,000	- €89,999	3	3
€90,000	- €99,999	2	5
€100,000	- €109,999	0	0
€110,000	- €119,999	1	1
€120,000	- €129,999	0	0
€130,000	- €139,999	0	0

4.1 Mr William Prasifka is the Chief Executive Officer of the Medical Council. Mr Prasifka received a salary of €115,576 in 2016.

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.

4.2 Pension-related deductions of €125,335 were paid to the Department of Health during the year 2016. An amount of €9,275 was due to the Department at year-end.

4.3 No Bonus payments were made to staff during 2016.

4.4 An amount of €131,258 was paid in fees to seventeen eligible Council members in 2016 as follows:

Ms Katherine Bulbulia	€ 7,696
Ms Margaret Murphy	€ 7,696
Ms Anne Carrigy	€ 7,696
Dr Rita Doyle	€ 7,696
Dr Bairbre Golden	€ 7,696
Dr Ruairi Hanley	€ 7,696
Prof. Alan Johnson	€ 7,696
Dr John Barragry	€ 7,696
Prof. Colm Herlihy	€ 7,696
Dr Michael Ryan	€ 7,696
Mr Seán Hurley	€ 7,696
Mr. Thomas O'Higgins	€ 7,696
Dr. Audrey Dillon	€ 7,696
Ms Mary Duff	€ 7,696
Mr Declan Carey	€ 1,924
Mr. Fergal Clancy	€ 9,620 (€1,924 relates to 2015)
Prof. Freddie Wood	€11,970

Also €24,733 was paid to Council members in relation to reimbursable travel and subsistence expenses.

4.5 In addition to the expenditure noted in 4.4 above a total of €483,161 was incurred on Council Meeting and operations as follows.

- €189,731 in Travel and Subsistence expenditure incurred by Council members, Committee members and staff on official Council operations.
- €237,800 in respect of allowances paid to 53 people who are members of sub-committees and working groups. The individual payments ranged from €300 to €20,000.
- €41,149 in respect of catering costs for Council, sub-committee and inquiries.
- €14,481 in respect of training costs for Council members.

5. 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.

6. Property, Plant & Equipment

	Buildings & Leasehold Improvements	Office Equipment	Fixtures and Fittings	Computer Equipment	Total
	€	€	€	€	€
Cost					
As at 1st January 2016	3,301,392	38,582	1,139,540	721,909	5,201,423
Additions	0	13,662	5,588	91,798	111,048
Disposal	(1,394,718)	0	(14,639)	0	(1,409,357)
At 31st December 2016	1,906,674	52,244	1,130,489	813,707	3,903,114
Accumulated Depreciation					
As at 1st January 2016	922,362	17,072	1,006,760	537,258	2,483,452
Charge for the year	116,205	10,080	108,552	139,558	374,395
Disposals	(580,783)	0	(14,639)	0	(595,422)
At 31st December 2016	457,784	27,152	1,100,673	676,816	2,262,425
Net book value					
At 31st December 2016	1,448,890	25,092	29,816	136,891	1,640,689
At 31st December 2015	2,379,030	21,510	132,780	184,651	2,717,971

6.1 De-Recognition of Lynn House, Rathmines Road Lower, Dublin 6.
The sale of Lynn House was closed on the 21st December 2016.
The acquisition cost of the property was €1,650,298.

Profit on the De-recognition of the Premises has been recognised in the Statement of Income & Expenditure and Retained Revenue Reserves as follows:

	€
Sale proceeds	2,300,000
Cost of Sale	(42,711)
Carrying value less accumulated depreciation	(813,936)
Profit on De-Recognition of Premises	1,443,353

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 102 Section 17.3 - Heritage Assets. It currently has a carrying nil value pending valuation in 2017.

7. FINANCIAL ASSETS

	2016	2015
Fair Value	**€**	€
At 1st January	**6,147,487**	3,105,835
Fair value movement in financial assets	**49,835**	(309)
Investment income	**83,507**	37,232
Management fee	**(42,211)**	(24,469)
Interest income/(expenditure)	**(3,572)**	29,198
Funds To/(From) Portfolio	**(2,000,000)**	3,000,000
At 31st December	**4,235,046**	6,147,487

The fair value is the mid-price of the financial assets in an active market at the reporting date as the bid-price of the financial asset is not quoted.

8. RECEIVABLES

	2016	2015
	€	€
Prepayments	**939,608**	1,013,166
Trade receivables	**47,319**	91,191
Sundry receivables	**40,316**	48,207
	1,027,243	1,152,564

Included in prepayments is an amount of €645,600 being an upfront rent payment on the Kingram House property paid 11th March 2008. This is being written off over the remaining years of the lease.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

for the year ended 31st December 2016

9. PAYABLES

	2016	2015
Amounts falling due within one year	**€**	€
Trade payables and accruals	**1,499,839**	1,457,561
Deferred income - retention fees (Note 10)	**5,411,259**	5,165,256
Provision for legal costs	**240,000**	396,875
Provision for direct transfer of bequest to charity/ research	**567,107**	25,395
Provision for employer pension contribution	**326,428**	0
	8,044,633	7,045,087
Movement in legal provision:		
Legal provision at 1 January	**396,874**	521,576
Utilised in 2016	**(211,874)**	(428,255)
Provided for in 2016	**55,000**	303,553
	240,000	396,874

10. DEFERRED INCOME - RETENTION FEES

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

11. RETIREMENT BENEFIT COSTS

a. Analysis of total retirement benefit costs charged to the Statement of Income and Expenditure

	2016	2015
	€	€
Medical Council defined benefit scheme		
Current service costs	**767,000**	760,000
Interest on retirement benefits Scheme obligations	**367,000**	700,000
Employee contributions	**(103,884)**	(115,207)
Less: service costs related to single scheme	**(513,000)**	0
	517,116	1,344,793
Single public sector scheme		
Current Service Cost	**513,000**	
Deferred retirement benefit funding	**(513,000)**	0
Employer Contribution	**326,428**	0
	326,428	0

Employee contribution by SPSPS members amounted to €49,198 in 2016 and were remitted to the Department of Public Expenditure and Reform.

Total retirement benefit cost	843,544

The Minister for Public Expenditure and Reform, based on actuarial considerations and pursuant to section 16 (4) of the Public Service Pension (Single Scheme and Other Provisions) Act 2012 has decided that:

- an employer contribution is to be paid in respect of certain members of the Single Public Sector Pension scheme and
- the rate of that Employer contribution is equal to three times the employee contribution paid by the single scheme member.

Employer contributions must be paid by public service bodies who are "wholly or mainly from sources other than directly or indirectly out of the Central Fund".

As a self-financing public body entity, the sum of €326,428 represents the Medical Councils liability for employer contributions to the Single Public Service Pensions scheme for the period 1 January 2013 to 31 December 2016.

b. Movement in net retirement benefit obligations

	2016	2015
Net retirement benefit obligations at 1st January	**15,800,803**	11,900,134
Current service cost	**767,000**	760,000
Interest costs	**367,000**	700,000
Actuarial loss/(gain)	**912,000**	2,722,000
Retirement benefits paid in the year	**(336,803)**	(281,331)
Medical Council defined benefit scheme Total	**17,510,000**	15,800,803
Medical Council defined benefit scheme	**16,997,000**	15,800,803
Single Public Sector Pension Scheme	**513,000**	0
Net retirement benefit obligations at 31st December	**17,510,000**	15,800,803

c. History of defined benefit obligations

	2016 €'000	2015 €'000	2014 €'000	2013 €'000
Defined benefit obligations	17,510	15,801	11,900	11,600
Experience losses / (gains) on defined benefit scheme obligations	912	2,722	(781)	(754)

d. General description of the scheme

The Medical Council operates an unfunded defined benefit superannuation scheme for staff. Superannuation entitlements arising under the scheme are paid out of current income and are charged to the Statement of Income and Expenditure and Retained Revenue Reserves, net of employee superannuation contributions, in the year in which they become payable.
The results set out below are based on an actuarial valuation of the retirement benefit obligations in respect of serving retired staff of the Council as at 31st December 2016. This valuation was carried out by a qualified independent actuary for the purposes of the accounting standard, Financial Reporting Standard No. 102 – Retirement Benefits (FRS 102).

	2016	2015
Rate of increase in salaries	**2.0%**	2.0%
Rate of increase in retirement benefits in payment	**2.0%**	2.0%
Discount rate	**2.35%**	2.35%
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.

Average future life expectancy according to the mortality tables used to determine the retirement benefits

	2016	2015
Male aged 65	22 years	22 years
Female aged 65	25 years	25 years

e. Deferred funding asset for pensions

In compliance with the Public Service Pensions (Single Scheme and Other Provisions) Act 2012,the Medical Council as the " Relevant Authority" has calculated the retirement benefit applicable to the Single Public Sector Pension Scheme at the 31st December 2016.

The deferred funding asset for pensions relates to the creation of an asset equal to the defined benefit liability of this scheme. The liability in respect of the Single Scheme members is matched by a deferred funding asset on the basis of the provisions of Section 44 of the Public Service Pensions (Single Scheme and other Provisions) Act 2012.

12. RESERVES	Retirement Benefit reserve	Retained Reserves	Total
	€	€	€
At 1st January 2016	(15,800,803)	17,083,299	1,282,496
Surplus for the year	-	3,544,680	3,544,680
Actuarial loss for the year	(912,000)	-	(912,000)
Transfer to retirement benefits reserve	(284,197)	284,197	0
At 31st December 2016	(16,997,000)	20,912,176	3,915,176

The retirement benefits reserve represents the cumulative cost of retirement benefits less amounts paid out to date. The transfer in the year represents the difference between the full cost of retirement benefits recognised in the Statement of Income and Expenditure in the year and the amounts paid out in the year.

13. OPERATING LEASE COMMITMENTS

The Medical Council are party to a 20 year lease commenced on the 1st January 2013 and will expire on 31st December 2032.

At 31st December 2016 the Medical Council had the following future minimum lease payments under non-cancellable operating leases for each of the following periods:

	€
Payable within one year	820,000
Payable within two to five years	3,280,000
Payable after five years	9,020,000
	13,120,000

Operating lease payments recognised as an expense were €820,000 (2015:€867,150)

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 9.

15. APPROVAL OF FINANCIAL STATEMENTS

The financial statements were approved by the Council on 12th July 2017.

e. Deferred funding asset for pensions

In compliance with the Public Service Pensions (Single Scheme and Other Provisions) Act 2012,the Medical Council as the " Relevant Authority" has calculated the retirement benefit applicable to the Single Public Sector Pension Scheme at the 31st December 2016.

The deferred funding asset for pensions relates to the creation of an asset equal to the defined benefit liability of this scheme. The liability in respect of the Single Scheme members is matched by a deferred funding asset on the basis of the provisions of Section 44 of the Public Service Pensions (Single Scheme and other Provisions) Act 2012.

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	€	€	€
At 1st January 2016	**(15,800,803)**	**17,083,299**	**1,282,496**
Surplus for the year	**-**	**3,544,680**	**3,544,680**
Actuarial loss for the year	**(912,000)**	**-**	**(912,000)**
Transfer to retirement benefits reserve	**(284,197)**	**284,197**	**0**
At 31st December 2016	**(16,997,000)**	**20,912,176**	**3,915,176**

The retirement benefits reserve represents the cumulative cost of retirement benefits less amounts paid out to date. The transfer in the year represents the difference between the full cost of retirement benefits recognised in the Statement of Income and Expenditure in the year and the amounts paid out in the year.

13. OPERATING LEASE COMMITMENTS

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	13,120,000

Operating lease payments recognised as an expense were €820,000 (2015 €867,150)

Appendix A
COMMITTEE MEMBERS

Preliminary Proceedings Committee
Members (18)
Ms Anne Carrigy (Chair)
Ms Katharine Bulbulia
Ms Margaret Murphy
Ms Angela McNamara
Dr Ailis Ni Riain
Dr Michael McGloin
Professor Colm O'Herlihy
Dr Anthony Breslin
Dr Rita Doyle
Professor Diarmuid O'Donoghue
Dr Winifred (Freeda) O'Connell
Dr Joseph Duignan
Dr Tim Ryan
Dr Patrick O Carroll
Dr Anne Jeffers
Professor Peter McKenna
Dr John Barragry
Professor Mark Laher

ICT Sub Committee
Members (4)
Mr John Nisbet (Chair)
Mr Paul Hamill
Mr Declan McKibben
Ms Vivienne Mee

Anonymous Complaint Committee
Members (3)
Dr Audrey Dillon (Chair)
Dr Consilia Walsh
Ms Cornelia Stuart

Audit Strategy and Risk Committee
Members (10)
Mr Seán Hurley (Chair)
Professor Freddie Wood
Dr John Barragry
Ms Anne Carrigy
Dr Anthony Breslin
Dr Seán Curran
Dr Bairbre Golden
Mr Tom O'Higgins
Mr Stephen McGovern
Mr Terry McWade

Education, Training and Professional Development Committee
Members (15)
Professor Alan Johnson (Chair)
Mr Declan Ashe
Dr John Barragry
Dr Deirdre Bennett
Ms Katharine Bulbulia
Mr Declan Carey
Dr Anna Clarke
Dr Audrey Dillion (Ex Officio)
Mr Joe Duignan
Dr John Jenkins
Ms Marie Kehoe–O'Sullivan
Dr Siun O'Flynn
Professor W Arthur Tanner
Professor Freddie Wood (Ex Officio)
Dr Ruairi Hanley

Strategy and Policy Sub-Committee
Members (8)
Dr John Jenkins (Chair)
Professor Alan Johnson
Professor Freddie Wood
Professor Aine Hyland
Professor Pauline McAvoy
Dr Siun O'Flynn
Professor Sean Tierney
Dr Anthony Breslin
Dr Dermot Power

Ethics and Professionalism Committee
Members (11)
Dr Audrey Dillon (Chair)
Dr John Barragry
Ms Katharine Bulbulia
Dr Sean Curran
Dr Bairbre Golden
Dr John Jenkins
Professor Alan Johnson
Dr Barry Lyons
Ms Sunniva McDonagh
Ms Margaret Murphy
Professor Freddie Wood

Monitoring Group
Members (7)
Ms Mary Culliton
Ms Marie Kehoe O'Sullivan
Dr Eamann Breatnach
Dr John Casey
Dr Declan Woods
Dr Ailis Ni Rian
Dr Abdul Bulbulia

Medical Council and Pharmaceutical Society of Ireland Joint Working Group on Prescribing and Dispensing
Members (8)
Dr John Barragry (Medical Council Member)
Ms Roisin Cunniffe (PSI Executive)
Ms Mary Duff (Medical Council Member)
Ms Caroline McGrath (PSI Member)
Ms Úna O'Rourke (Medical Council Executive)
Dr Brian Osborne (ICGP Representative)
Ms Patricia Ryan (Patient Representative)
Dr Consilia Walsh (Medical Council Member)

Health Committee
Members (15)
Dr Rita Doyle
Dr Abdul Bulbulia
Ms Veronica Larkin
Dr John Latham
Dr Gearoid O'Connor
Dr Claire McNicholas
Professor James Lucey
Dr Peter Staunton
Dr Blanaid Hayes
Mr Rolande Anderson
Dr Eamon Keenan
Ms Barbara Lynch
Dr Mark Murphy
Ms Mary Duff
Dr Ailis Ni Riain

Registration and Continuing Practice Committee
Members (13)
Dr Anthony Breslin (Chair)
Ms Katharine Bulbulia
Dr Consilia Walsh
Ms Mary Duff
Professor Freddie Wood
Professor W. Arthur Tanner
Ms Mary Culliton
Dr Terry McWade
Dr Mary Holohan
Ms Anne Pardy
Ms Niamh Macey
Ms Lorraine Horgan
Dr Muiris Houston

Fitness to Practise Committee
Members (45)
Dr Michael Ryan (Chair)
Mr John Nisbet
Ms Cornelia Stuart
Professor Mary Leader
Professor Fidelma Dunne
Dr Consilia Walsh
Mr Declan Carey
Professor Alan Johnson
Ms Mary Duff
Ms Marie Kehoe-O'Sullivan
Mr Seán Hurley
Dr Ruairi Hanley
Ms Catherine Earley
Dr Nuala Healy
Mr Brendan Healy
Mr Paul Murphy

Mr Paul Murphy
Mr T.C. Ewing
Mr Gerard Magee
Mr Stephen Kealy
Mr John Kincaid
Dr Mary Henry
Dr Geraldine Corrigan
Dr Abdul Bulbulia
Ms Annette Durkan
Ms Winifred Jeffers
Ms Joan Tattan-Dennis
Ms Meg Murphy
Dr Tim O'Neill
Mr Denis Doherty
Professor David Morgan
Dr Michael McDermott
Mr Michael Brophy
Ms Mary Culliton
Ms Melanie Pine
Dr Deirdre Madden
Professor Damien McLoughlin
Dr John McAdoo
Dr Danny O'Hare
Mr Frank McManus
Ms Ger Feeney
Dr Eamann Breatnach
Dr John Casey
Ms Gloria Kirwan
Ms Una Marren Bell
Mr Tom O'Higgins

COUNCIL MEMBER MEETING ATTENDANCE

	03/02/16 04/02/16	22/03/2016 23/03/2016	17/05/2016 18/05/2016
Dr John Barragry	✓	✓	✓
Dr Anthony Breslin	✓	✓	✓
Ms Katharine Bulbulia	✓	✓	✓
Mr Declan Carey	✓	✓	
Mrs Anne Carrigy		✓	
Dr Sean Curran	✓	✓	✓
Dr Audrey Dillon	✓	✓	✓
Dr Rita Doyle	✓	✓	✓
Ms Mary Duff	✓	✓	✓
Professor Fidelma Dunne	✓		✓
Dr Bairbre Golden	✓	✓	✓
Dr Ruairi Hanley		✓	✓
Mr Sean Hurley	✓	✓	
Professor Alan Johnson	✓	✓	
Ms Marie Kehoe O'Sullivan	✓	✓	✓
Professor Mary Leader		✓	✓
Ms Margaret Murphy		✓	✓
Mr John Nisbet	✓	✓	
Professor Colm O'Herlihy		✓	✓
Dr Michael Ryan	✓	✓	✓
Ms Cornelia Stuart	✓	✓	✓
Dr Consilla Walsh	✓		✓
Professor Freddie Wood	✓	✓	✓
Mr Fergus Clancy			✓
Mr Tom O'Higgins			✓

13/07/2016 14/07/2016	08/09/2016 09/09/2016	25/10/2016 26/10/2016	14/12/2016 15/12/2016	Total
✓	✓	✓	✓	7
✓	✓	✓	✓	7
✓	✓	✓	✓	7
✓	✓	✓	✓	6
✓			✓	3
✓	✓	✓	✓	7
✓		✓	✓	6
✓		✓	✓	6
✓	✓	✓	✓	7
✓		✓	✓	5
✓	✓	✓	✓	7
✓		✓	✓	5
✓	✓	✓	✓	6
✓		✓	✓	5
	✓	✓		5
	✓	✓		4
	✓	✓		4
		✓	✓	4
			✓	3
✓	✓	✓	✓	7
	✓	✓	✓	6
✓		✓	✓	5
✓	✓	✓	✓	7
	✓	✓	✓	4
✓	✓	✓	✓	5

EXTRAORDINARY MEETINGS

Council Member	05/05/ 2016	27/06/ 2016	08/07/ 2016	09/08/ 2016
Dr John Barragry	✓			
Dr Anthony Breslin				
Ms Katharine Bulbulia	✓	✓	✓	✓
Mr Declan Carey	✓	✓	✓	✓
Ms Anne Carrigy		✓	✓	✓
Dr Sean Curran		✓	✓	✓
Dr Audrey Dillon				
Dr Rita Doyle				
Ms Mary Duff	✓	✓	✓	✓
Professor Fidelma Dunne				
Dr Bairbre Golden				
Dr Ruairi Hanley	✓			
Mr Sean Hurley				
Professor Alan Johnson		✓	✓	✓
Ms Marie Kehoe O'Sullivan				✓
Professor Mary Leader				
Ms Margaret Murphy				
Mr John Nisbet				
Professor Colm O'Herlihy				
Dr Michael Ryan				✓
Ms Cornelia Stuart		✓	✓	✓

Council Member	05/05/ 2016	27/06/ 2016	08/07/ 2016	09/08/ 2016
Dr Consilia Walsh		✓	✓	✓
Professor Freddie Wood	✓			
Mr Fergus Clancy	✓	✓	✓	✓
Mr Tom O'Higgins	✓	✓	✓	✓

♦ Extraordinary meetings are meetings held usually at very short notice to deal with urgent matters, so by their nature they have lower attendance, particularly by Council members not based in Dublin.

MEDICAL COUNCIL STAFF LIST (2016)

Office of the CEO	
Bill Prasifka	Chief Executive Officer (CEO)
Jana Tumova	PA to the CEO
Corporate Services	
Wendy Kennedy	Director of Corporate Services
Communications & Strategy	
Barbara O'Neill	Acting Head of Communications / Communications Manager
Niamh Manning	Communications Executive
Ailbhe Enright	Communications Executive
Amanda Lyons	Communications Officer
Finance	
Deirdre Foley	Acting Head of Finance / Finance Manager
Roseanne Fox	Acting Assistant Financial Accountant
Breid Foster	Senior Finance Executive
Cilla Hickey	Finance Executive
Siobhan Wrafter	Finance Officer
Brian Fitzpatrick	Finance Officer
Human Resources	
Naoimh McNamee	Head of Human Resources / Human Resources Manager
Judith Marquez	Human Resources Executive
ICT	
Jim McDermott	Head of ICT / ICT Manager
John Cussen	ICT Systems Administrator
Charles Olubosede	ICT Executive
Garrett McNally	ICT Executive
Procurement & Facilities	
Ciara McMorrow	Head of Procurement & Facilities / Procurement & Facilities Manager
Claire Naidoo	Procurement & Facilities Coordinator
Lauren Fleming	Front of House Coordinator
Derek O'Connor	Head Services Officer
Kenneth Greene	Services Officer
Delia Ward	Procurement Officer
Corporate Governance	
Lisa Molloy	Head of Corporate Governance & Secretary to Council
Jane Horan	Corporate Governance & Council Manager
Aoife Fitzsimons	Corporate Governance & Council Manager
Katarzyna Zalewska	Corporate Governance & Council Officer
Research	
Simon O'Hare	Research & Monitoring Manager
Business Process Improvement & Project Management	
Davinia O'Donnell	Strategic Business Process Improvement Manager
Professional Standards	
William Kennedy	Director of Regulation
Niamh Muldoon / Carine Pessers	Head of Investigations & Complaints; Solicitor
Ruth Rock	Head of Investigations & Complaints; Solicitor

John Sidebottom	Head of Inquiries, Health & Monitoring
Roslyn Whelan / Carol Fitzgerald	Complaints & Investigations Manager
Elva Tarpey	Case Officer
Conor Doyle	Case Officer
Cormac Forristal	Case Officer
Colm Reddan	Case Officer
Anne-Marie Keaveny	Case Officer
Aoife Grehan	Case Officer
Hayley Anne Jones	Health & Monitoring Executive
Fidelma Burke	Inquiries Executive
Sarah Jane Bowen	Inquiries, Health & Monitoring Officer
Aoife Whelan	Clerical Officer
Julieanne Morris	Regulation Officer
Darren Smith	Regulation Officer
Seanín MacBradaigh	Regulation Officer
Professional Development & Practice	
Philip Brady	(Acting) Director of Professional Development & Practice
Professional Competence	
Jantze Cotter	Head of Professional Competence
Fergal McNally	Performance Assessment Liaison Manager
Michelle Navan	Performance Assessment Coordinator
Graham Holmes	Professional Competence Audit Manager
Grainne Behan	Professional Competence Audit Manager
Simon King	Examinations Coordinator
Lyndsey Hayden	Professional Competence Officer
Poppy Nolan	Professional Competence Officer
Registration	
Eoin Keehan	Registration Manager - Specialist Division
Ann Curran	Registration Manager - General Division
Jessica Wu	Registration Executive
Alan Armstrong	Registration Executive
David Griffith	Registration Executive
Anne Byrne	Registration Executive
Mary Atkinson	Registration Executive
Jane O'Brien	Registration Executive
Ross Martin	Registration Executive
Donagh O'Doherty	Registration Officer
Teresa Byrne	Registration Officer
Nicola Hodgkinson	Registration Officer
Becky Saunders	Registration Officer
Stephanie Kelly	Registration Officer
Jane Morrin O'Rourke	Registration Officer
Sarah Conlon	Registration Officer
Jade Eastman	Registration Officer

Education, Training & Professionalism	
Una O'Rourke	Head of Education, Training & Professionalism
Aoise O' Reilly	Accreditation Manager
Paul Lyons	Accreditation Manager
Elizabeth Molloy	Accreditation Executive (Intern & Postgraduate)
Chloe Ryder	Accreditation Executive (Undergraduate)
Rachel Seery	Accreditation Executive (Postgraduate)
Catriona Curran	Accreditation Executive

Appendix B
REGISTRATION STATISTICS

Pre-Registration Examination Statistics

Pre-Registration Examinations	Pass	Fail	Total	Pass Rate
Level 2 2016 (computer based examination)	103	154	257	40%
Level 3 2016 (clinical based examination)	132	61	193	68%

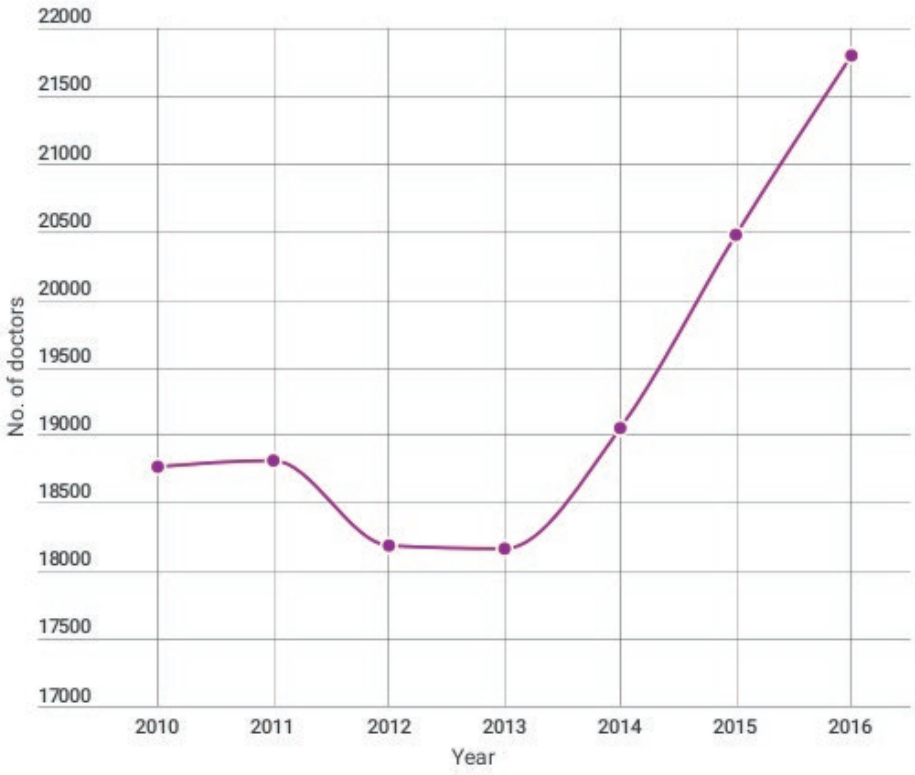
Divisions of the Medical Register

Division	Proportion of Medical Register	No of Doctors 2016
General Division	42%	9,102
Specialist Division	40%	8,807
Trainee Specialist Division	12%	2,669
Intern Registration	5%	995
Supervised Division	1%	195
Visiting EEA	0%	27
Total	100%	21,795

Divisional Breakdown 2010 – 2016

Division	2016	2015	2014	2013	2012	2011	2010
General Division	**9,102**	8,547	8,633	7,423	7,223	8,303	9,345
Specialist Division	**8,807**	8,370	7,929	7,567	7,357	7,905	6,534
Trainee Specialist Division	**2,669**	2,371	1,555	2,355	2,506	2,389	2,139
Intern Registration	**995**	932	800	788	676	670	752
Supervised Division	**195**	224	106	18	287	232	0
Visiting EEA	**27**	29	26	9	135	118	0
Total	**21,795**	**20,473**	**19,049**	**18,160**	**18,184**	**18,812**	**18,770**

Trend in doctors registered at year end, 2010 – 2016

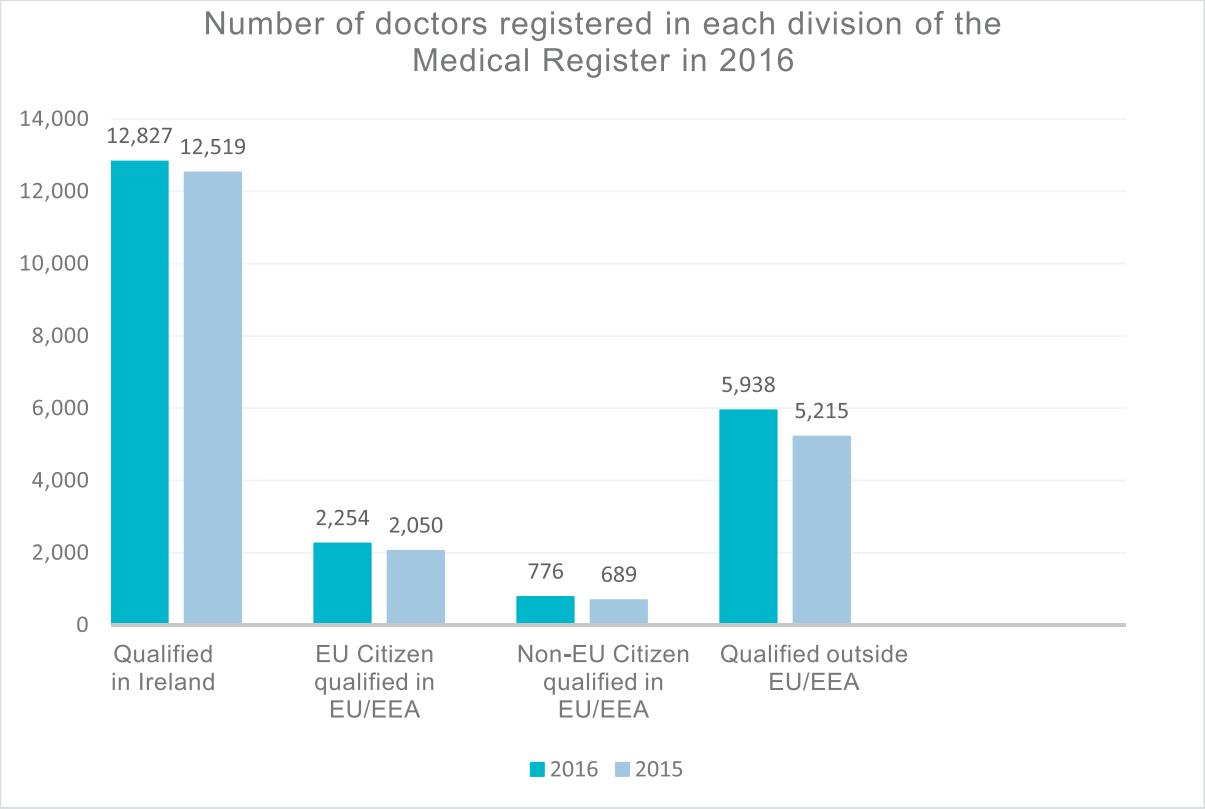


Gender of Doctors registered 2016	Male	Female	Total
Total Doctors registered	**12,807**	**8,988**	**21,795**
%	**59%**	**41%**	**100%**

Age Range of Doctors Registered

Age Range	2016	2015	2014
20 – 35	**7,827**	7,236	6,354
36 - 45	**5,679**	5,315	5,132
46 - 55	**4,349**	4,141	3,952
56 - 64	**2,599**	2,491	2,374
Over 65's	**1,341**	1,290	1,237
Total	**21,795**	20,473	19,049

Categories of Applicant	2016		2015	
Qualified in Ireland	**12,827**	**59%**	12,519	61%
EU Citizen Qualified in EU/EEA	**2,254**	**10%**	2,050	10%
Non-EU Citizen qualified in EU/EEA	**776**	**4%**	689	3%
Qualified outside EU/EEA	**5,938**	**27%**	5,215	26%
Total	**21,795**	**100%**	20,473	100%


Number of doctors registered in each division of the Medical Register in 2016
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
12,827
12,519
2,254
2,050
776
689
5,938
5,215
Qualified in Ireland
EU Citizen qualified in EU/EEA
Non-EU Citizen qualified in EU/EEA
Qualified outside EU/EEA
2016
2015

Health Committee Stats

Doctors attending Health Committee		
2016	**2015**	**2014**
50	51	43

Reasons for Referral to Health Committee	2016	2015	2014
Substance Misuse	**20**	23	19
Mental Disability	**28**	26	22
Neurological Disorder	**2**	2	1
Co Morbidity – Hepatitis / Drug misuse	**0**	0	1
Total	**50**	51	43

Sources of Referral to Health Committee	2016	2015	2014
Self	**15**	14	13
Third Party	**20**	19	15
Medical Council	**15**	18	15
Total	**50**	51	43

Conditions Imposed On A Doctor's Registration

Number of Doctors with the Monitoring Committee	2016	2015	2014
No of Doctors with Monitoring Committee as at 31 December	**18**	15	26
No of new doctors with Monitoring Committee 2016	**6**	4	9
Doctors no longer with Monitoring Committee 2016	**5***	14*	5*

*Please note this figure is excluded from the number of doctors with the Monitoring Committee as at 31 December 2016

Appendix C
COMPLAINTS AND FITNESS TO PRACTISE INQUIRY STATISTICS

Source of Complaint

Source of Complaints Received	2016	2015	2014
Member of the public	**316**	288	238
The Medical Council, having been notified by a body in another state	**35**	16	16
The Medical Council - the doctors conduct came to the attention of the Medical Council whether through the media or otherwise	**32**	24	17
Healthcare professional	**18**	25	19
Healthcare institution (private hospital, nursing home, etc)	**4**	6	5
Solicitor or solicitors firm not acting on behalf on member of the public (ie complaining about a failure to furnish a report, etc)	**2**	7	10
Other Irish Regulatory Body	**1**	1	0
HSE	**1**	2	4
Patient Advocacy Group	**1**	0	0
Anonymous	**1**	0	0
Total	**411**	369	305

*The Medical Council became the complainant in 65 cases in 2016. Where information is received from a party who did not wish to become the complainant against a doctor, the Medical Council can become the complainant.

Complaints made against doctors by gender

Gender	2016	2015	2014
Male	**339**	317	263
Female	**144**	135	103
Total	**483**	452	366
No. of doctors on the Register	**21, 795**	20,473	19, 049
% of doctors complained against	**2.2%**	2.2%	1.9%

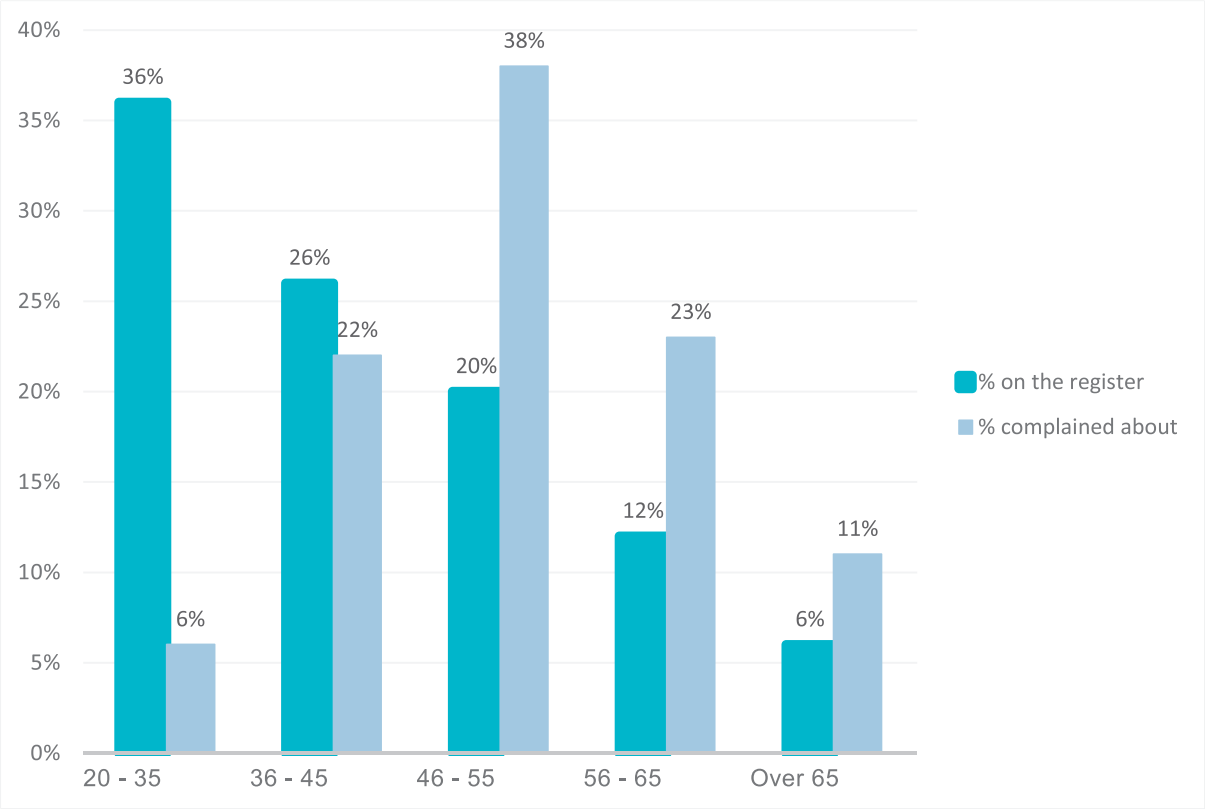
Complaints made against doctors by division of the Register

Divisions	2016	2015	2014
General Division	**136**	124	113
Specialist Division	**336**	313	245
Trainee Specialist Division	**8**	15	7
Intern Registration	**2**	0	1
Supervised Division	**1**	0	0
Total	**483**	452	366

Complaints by Age Range

Age Range	2016	2015	2014
20 – 35 years	**25**	27	26
36 – 45 years	**102**	98	87
46 – 55 years	**174**	171	122
56 – 64 years	**120**	104	88
65+ years	**62**	52	43
Total	**483**	452	366

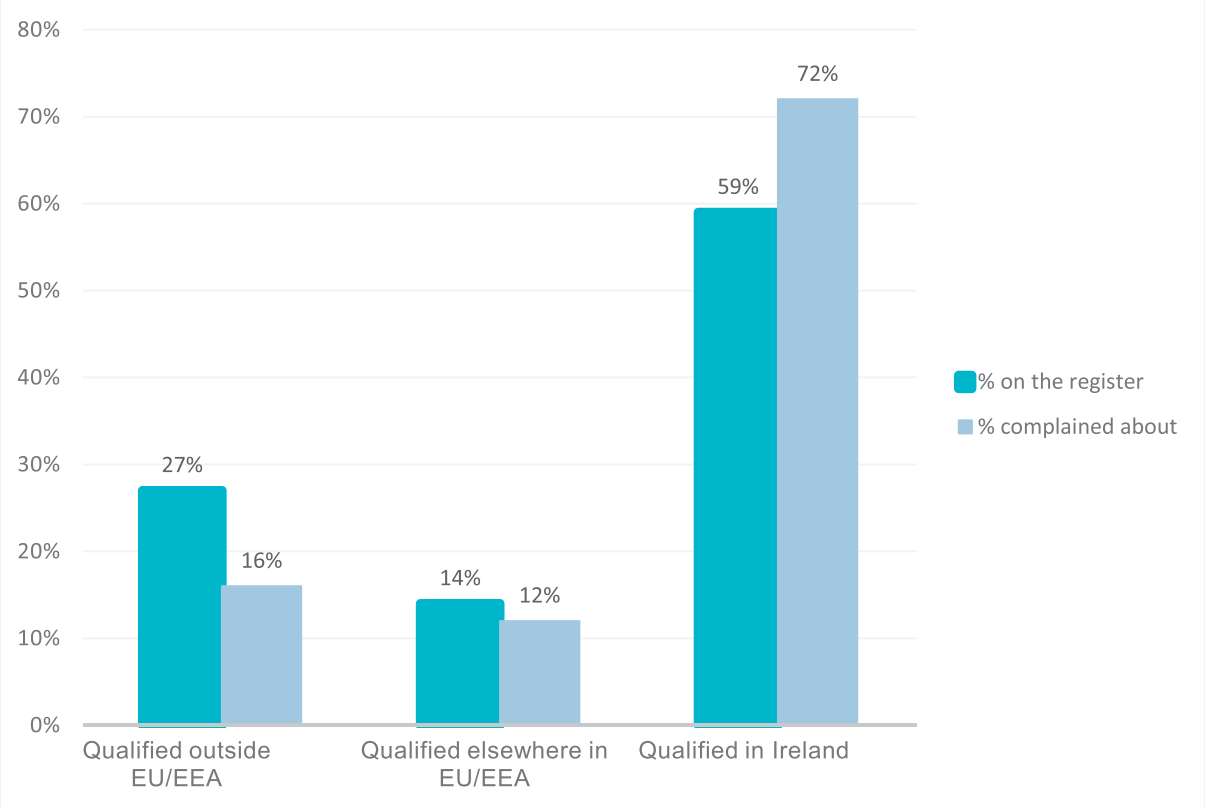
Proportion of doctors complained against compared to the proportion of total doctors registered by age



Area of qualification of doctors complained against

Category	2016	2015	2014
Qualified in Ireland	**350**	311	274
Qualified in EU/EEA	**43**	54	34
Qualified outside EU/EEA	**90**	7	58
Total	**483**	452	366

Proportion of doctors complained against compared to the proportion of doctors registered by region of qualification



Types of complaints received

There were 411 complaints received in 2016. Categories of complaint reflect the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners. Each complaint received can be categorised on numerous grounds i.e., clinical care, communication, record keeping. For example, a complaint might be in relation to the poor communication but may also mention failure to refer a patient. Accordingly, the categories do not equate to the number of complaints receive in a year.

Categories of Complaint Received	2016	2015	2014
Professional Conduct			
Criminal Convictions	**0**	0	1
Informing Medical Council of other regulatory proceedings/decisions, criminal charges and/or convictions	**6**	3	4
Breach of the Medical Practitioners Act, 2007	**15**	13	16
Dishonesty	**17**	8	20
Total	**38**	24	41
Responsibilities to Patients			
Reporting obligations concerning abuse of children/elderly/vulnerable adults	**3**	1	2
Treating patients with dignity	**27**	37	65
Refusal to treat	**24**	19	16
Conscientious objection	**1**	0	4
Emergencies	**3**	6	6
Appropriate professional skills	**40**	48	48
Adequate language skills	**4**	7	11
Communication	**136**	151	91
Physical and intimate examinations	**3**	11	8
Personal relationships with patients	**5**	3	2
Assisted Human Reproduction	**0**	1	0
End of Life Care	**3**	1	1
Total	**249**	285	254

Categories of Complaint Received	2016	2015	2014
Medical Records and Confidentiality			
Maintenance of accurate and up to date patient medical records	**15**	8	12
Confidentiality	**10**	27	17
Total	**25**	35	29
Professional Practice			
Maintaining competence	**31**	14	26
Reporting concerns about colleagues	**0**	2	5
Professional relationship between colleagues	**4**	6	7
Professional Indemnity	**0**	0	3
Accepting posts	**0**	0	1
Treatment of relatives	**3**	7	0
Advertising	**3**	1	1
Premises and Practice Information	**2**	2	2
Medical reports	**18**	8	20
Certification	**10**	4	4
Prescribing	**47**	36	23
Referral of patients	**18**	23	19
Locum and rota arrangement	**0**	0	1
Telemedicine	**0**	1	1
Retirement and transfer of patient care	**0**	0	1
Fees	**2**	4	2
Total	**138**	108	116

Categories of Complaint Received	2016	2015	2014
Relevant Medical Disability			
Alcohol Abuse	**3**	1	1
Drug Abuse	**3**	3	0
Mental or behavioural illness	**4**	2	0
Physical illness	**1**	0	0
Total	**11**	6	1
Treatment			
Consent	**12**	12	5
Clinical investigations and examinations	**71**	89	54
Diagnosis	**91**	90	90
Follow up care	**45**	42	51
Surgical procedures	**28**	36	22
Continuity of care	**28**	8	26
Total	**275**	277	248
Total number of categories	**736**	735	689

Complaints considered by the Preliminary Proceedings Committee

All complaints about registered doctors received by the Medical Council are considered by a screening committee, called the Preliminary Proceedings Committee (PPC). The PPC considers all complaints received, directs the appropriate investigations to be carried out by case officers, and considers all information gathered in the course of the investigation before determining the appropriate outcome for the complaint. The PPC ultimately decide whether the case should go forward for an inquiry by the Medical Council's Fitness to Practise Committee. Equally, the PPC can determine that no further action is required, that a matter should be referred to another body/authority/competence scheme, or indeed, mediation, if they feel it is appropriate. The PPC decision is then considered by the Council.

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 by the Preliminary Proceedings Committee

Decisions Made	2016	2015	2014
Prima facie Decision (a Fitness to Practise inquiry was called)	**42**	60	26
No further action	**327**	286	252
Mediation	**6**	1	0
Referred to Professional Competence Scheme	**4**	14	4
Referral to another body	**3**	3	8
Withdrawal	**4**	14	13
Total number of decisions made	**386**	378	303

Inquiries held	2016	2015	2014
Completed	**47**	35	19
Adjourned	**2**	1	4
Pending (as at 31/12/16)	**44**	45	33

Number and length of inquiries	2016	2015	2014
No. of inquiry days	**134**	73	42
Average no. of days per inquiry	**2.8**	2.08	2.2

Outcomes of Inquiries	2016	2015	2014
Professional Misconduct	**17**	6	8
Relevant medical disability	**2**	2	0
Poor professional performance	**11**	6	2
No finding / fit to engage in practice of medicine / no case	**8**	7	5
Undertaking pursuant to section 67 of the Medical Practitioners Act, 2007	**13**	11	4
Contravention of the Medical Practitioners Act, 2007	**4**	4	0

*Includes 7 days FTPC Callover meetings – Fitness to Practice Callover meetings take place before a panel of three Fitness to Practice Committee (FTPC) members.

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 preliminary issues that may arise.

*The total number of outcomes can be greater than the total number of inquiries held as a practitioner can have more than one finding made against them.

*It is important to note that if there is a finding, there **will** be a sanction.

Sanctions imposed on a Doctor by Council	2016	2015	2014
Cancellation of registration (2007 Act)	**6**	5	1
Conditions	**12**	3	4
Suspension	**2**	0	0
Advise / admonish / censure	**14**	7	7
Censure in writing and fine	**1**	2	0
Total	**35**	17	12

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.

In 2016, on foot of applications from parties involved in inquiries, there were 25 private inquiries.

Inquiries held in public/private/part public	2016	2015	2014
Public	**20**	18	4
Private	**25**	12	9
Concluded at preliminary private hearing callover	**2**	5	6
Part Private	**0**	0	0

*Fitness to Practise Callover meetings take place before a panel of three Fitness to Practise Committee (FTPC) members. 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.

*The Medical Council cannot seek to hold an inquiry in private, such applications must come from another party, i.e. the doctor, a witness or complainant.

Appendix D
FREEDOM OF INFORMATION STATISTICS

FOI Stats 1 Jan 2016 – 31 Dec

No of Freedom of Information Requests	2016	2015	2014
Brought forward from previous year	**0**	1	3
Requests received in current year	**35**	35	33
Cases answered in current year	**33**	34	35
Live cases at year end	**2**	1	1

Status of requests	2016	2015	2014
Granted	**13**	11	8
Part Granted	**5**	8	18
Refused	**8**	5	6
Withdrawn / Outside FOI	**5**	9	3

Type of Requests	2016	2015	2014
Personal	**19**	17	22
Non Personal	**15**	18	14
Mixed	**1**	0	0

Designed and printed by
Snap Dame Street

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