Comhairle na nDochtúirí Leighis
Medical Council

Annual Report

and Financial Statements

2023

About the Medical Council

The Medical Council is the regulatory body for doctors. It has a statutory role in protecting the public by promoting the highest professional standards amongst doctors practising in the Republic of Ireland.

The Council has a majority of non-medical members. The 25 member Council consists of 13 non-medical members and 12 medical members. The Council receives no State funding and is funded primarily by doctors' registration fees.

The Medical Council maintains the Register of Medical Practitioners - the Register of all doctors who are legally permitted to carry out medical work in Ireland. The Council also sets the standards for medical education and training in Ireland. It oversees lifelong learning and skills development throughout doctors' professional careers through its professional competence requirements. It is charged with promoting good medical practice.

The Medical Council is also where the public may make a complaint against a doctor.

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Medical Council

President's Statement

Dr Suzanne Crowe
President

It is my pleasure to present the Medical Council's Annual Report and Financial Statements for the year 2023.

Firstly, I'd like to warmly acknowledge my colleague, Dr Mary Davoren, on her appointment to Vice President of the Medical Council in July 2023. A personal highlight during the year for me was my appointment to President of the Medical Council for a second term, meaning that in 2023, I celebrated five years with the Medical Council. With this privilege comes responsibility, which I understand and will be accountable for.

The Medical Council's primary role is to ensure the public feel protected in their interactions with doctors, while supporting registered medical practitioners in Ireland. The Medical Council is committed to advocating for safe, high quality patient care, public confidence and trust in the medical profession, and leadership in healthcare.

Although the number of doctors registering with the Medical Council reached an all-time high in 2023, we are acutely aware of the shortages of doctors in Ireland, particularly in rural parts of the country. Our health service continues to rely heavily on internationally qualified doctors as well as doctors from overseas. Patients living in Ireland often come from increasingly diverse and often challenging backgrounds, and so I am delighted that this term's Council has much-needed representation from international and Irish doctors, as well as a number of non-medical members. Collectively, they will bring a deeper understanding of challenges that need addressing today, and how we can better support both doctors and patients from overseas.

In 2023 we published the *9th Edition of the Guide to Professional Conduct and Ethics for Registered Medical Practitioners* (the Guide), which is a result of two years' work, incorporating public and targeted consultation processes and many hours of drafting. We are delighted to present the updated Guide to doctors, patients and the wider public. Its revisions and new additions reflect the most current, pertinent, and inclusive guidance on a wide range of scenarios that impact the medical profession.

Our research shows that doctors continue to be among the most trusted professions in Ireland. This is a privilege, and one we do not take for granted. I would like to thank the Ethics Committee and our stakeholders for their active involvement, and to the public and medical community for their invaluable feedback during the process of updating the Guide.

In 2023, we remained committed to working in collaboration with our stakeholders, in employing proportionate medical regulation to support the Irish healthcare system, while being responsive to the changing healthcare needs of the population. We will continue to work in a focused and compassionate way to ensure the public have continued confidence in the medical profession.

Dr Suzanne Crowe
President

Chief Executive Officer's Review

Leo Kearns
Chief Executive Officer

Welcome to the Medical Council's 2023 Annual Report.

In my third year as Chief Executive, I am pleased to reflect on another productive year for the Medical Council. The year 2023 saw many highlights, both internally for the Medical Council as an organisation, and externally as part of our regulatory processes.

The Medical Council is responsible for the regulation of the medical profession in Ireland. This includes the regulation of Registration, Undergraduate, Intern and Specialist Education & Training, Professional Competence, Complaints & Investigations, Fitness to Practise. We also produce professional guidance including the Guide to Professional Conduct and Ethics for Registered Medical Practitioners, as well as reports relating to the medical workforce. Taking these reports and data from other sources into account, the Council is concerned about doctor burnout and retention, and the implications this has for patient and professional safety.

Since 2022, the Medical Council has been working on a transformation programme, which in broad terms sought to address matters relating to governance, strategic intent, operational performance, stakeholder engagement and people and culture. I am delighted to say that work on this organisational redesign project has now concluded.

Our Business Plan for 2023 contained significant actions around transforming our organisation and the way we work. Following a comprehensive organisation design project in 2023, a new Executive Leadership Team was put in place and six new Directorates were established to realign the organisation to support us in meeting our remit and delivering on our objectives.

Within these new directorates, new functions were staffed in 2023, including our Liaison and Support Services function. The primary goal of this function is to develop support systems and services that guide stakeholders through the complexities of the regulatory environment. This will require building strong relationships with individuals raising concerns, doctors, and external groups like patient advocacy organizations, hospital networks, the HSE, and the Department of Health. The fundamental aim is to protect the public by focusing on the well-being of all parties involved.

2023 was also a busy year for our Legal and Legislative Affairs directorate. Legal advised on a number of new legislative regimes including the changes being introduced by the 2020 and 2023 Acts and the Open Disclosure legislation.

Another highlight of 2023 was the commencement of a major process improvement project within our Registration function, focusing on reviewing registration processes to identify efficiencies and recommend policy and procedure updates. This included demand-capacity modelling. A significant development was the introduction of a 'fast-track' registration route for doctors filling urgent roles in the health service, especially within the HSE. Over 161 doctors benefited from this expedited registration process.

2023 also saw the successful conclusion of the Kingram House Refurbishment project. The relocation back from our temporary premises concluded with Kingram House relaunched and open for business on 17th April 2023.

I'd like to extend my gratitude and thanks to all staff who have consistently shown great commitment to the mission of the Council, and who have contributed so positively to our very significant transformation programme. I would also like to express sincere thanks to Council and Committee members for the support and guidance provided to the Executive throughout 2023.

Leo Kearns
Chief Executive Officer

Statement of Strategy 2019-2023

To deliver this strategy the Council has defined six key strategic objectives and several key actions.

The six key strategic objectives for this term are:

1. **Ensure medical regulation protects the public and supports registered medical practitioners**
2. **Ensure consistency in application of quality assured standards across the continuum of education, training and lifelong learning**
3. **Learn from experience to enhance the delivery of an efficient and proportionate model of regulation**
4. **Improve the understanding of the role of the Medical Council**
5. **Review and recommend changes to legislation regulating the medical profession**
6. **Develop the Medical Council as an engaged, effective and empowered organisation**

Vision, Mission, Values

Vision

Safe, high quality patient care, public confidence in the medical profession and leadership in healthcare

Mission

To set, monitor and promote professional standards that support the delivery of high quality, safe patient care and best patient outcomes

Values

Advocating for patients and **supporting** medical practitioners in a changing healthcare environment

Acting with **independance, fairness** and **integrity**

Being **open** and **transparent**

Building **trust** and **respect** between medical practitioners, patients and the Medical Council

Leading and **influencing** healthcare

Taking **accountability** for our decisions and actions

Achievements under the Statement of Strategy 2019 – 2023 in 2023

Strategic Objective 1

Ensure medical regulation protects the public and supports registered medical practitioners

- A new structure was introduced in the registration department as part of the Organisation Design project, which includes dedicated, specialist assessment teams with 'triaging' support. This change aims to enhance team efficiency and streamline application processing.
- A major process improvement project began in 2023, focusing on reviewing registration processes to identify efficiencies and recommend policy and procedure updates. This included demand-capacity modelling.
- The Registration Department successfully managed an active 'peak processing' period over the summer months:
  - *979 intern applications processed.*
  - *Over 26,000 doctors completed the Annual Retention Process.*
  - *6,581 Professional Indemnity certificates reviewed and validated.*
  - *486 applications from interns seeking General Registration processed.*
  - *Over 350 transfer applications from General/ Trainee Specialist to Specialist Division processed.*
- A 'fast-track' registration route for doctors filling urgent roles in the health service, primarily within the HSE was introduced. Over 161 doctors benefited from this expedited registration process.
- Registration information on the website was updated and improved, making it clearer and more accessible for applicants and registrants.
- A Liaison Service was established in the Medical Council with the appointment of a Head of Liaison and Support Services. This service ensures members of the public can contact a dedicated team within the Medical Council who can assist with queries and provide information to those seeking it in a timely and efficient manner.
- A Support Services Team was established with the appointment of an experienced support services manager which will greatly enhance the experience of doctors contacting the Medical Council and ensure timely access to information and status updates.
- A new Fitness to Practise Committee (FTPC) was appointed mid-year. In addition to receiving generalised Council induction training, FTPC specific training also took place.
- The FTPC sat for a total of 69 days hearing callovers and inquiries which resulted in the disposal of 49 fitness to practise complaints. This disposal number compares favourably with the 29 fitness to practise complaints which were disposed of in 2022.
- The Research team produced and published the Workforce Intelligence Report drawing on the 2022 registration data and collaborated with Registration to ensure the quality and accuracy of the data. This report continues to be used by our external partners, including the Department of Health and the Health Service Executive (HSE), to support workforce planning initiatives.
- The Research team supported external stakeholder with approximately 30 research and data projects, including the NDTP, HSE, Central Statistics Office (CSO), Royal College of Surgeons in Ireland (RCSI) and various training bodies.
- Data mapping and quality practices continued throughout 2023, seeking to enhance data capabilities and ensure a quality framework for data across the organisation.

Strategic Objective 2

Ensure consistency in application of quality assured standards across the continuum of education, training and lifelong learning

- One of the key changes arising from the Organisation Design (OD) Project is the alignment of our structures (and future processes) with the professional life cycle of the doctor. This change was implemented in 2023 and has enormous potential for the Council to have a significant, positive impact across the continuum of undergraduate education, postgraduate specialist training and professional competence.
- A single suite of standards and criteria across the continuum of medical education and training was developed and approved by Council in March 2023.
- The Education and Training Department:
  - *Completed 22 accreditation/inspection activities throughout the year. (4 accreditations; 1 confirmatory visit; and 17 inspections (Intern(n-13) & Anatomy (n-4)).*
  - *Undertook 16 programmes reviews via seven Action and Implementation Plan (AIP) meetings with the Annual Returns process analysing a total of 35 qualitative forms and 66 quantitative forms*
  - *Reviews of Annual Returns noted 15% of conditions were successfully addressed; 32% of recommendations were implemented – an increase of 10% compared to last year.*
- Recommendations were closed off for four programmes - this is the first time a programme has met all requirements since the Annual Returns Process began in 2018. The Clinical Training Sites team received updated Action and Implementation Plans by six hospital groups to reinstate the monitoring process for CTS in 2024.
- A review of our accreditation and inspection data from 2017-2022 has been conducted to inform the design of a new quality assurance model.
- A high-level education and training quality assurance framework – which is the overarching system to quality assurance MET has been developed.

Strategic Objective 3

Learn from experience to enhance the delivery of an efficient and proportionate model of regulation

- Following a highly successful upgrade to Evolve (case management system), several new data entry points were introduced to enhance our reporting capabilities. Some of the key data points that underwent improvements were complaint category, potential complaints and location & setting of a complaint.
- 2023 saw an increase in the number of complaints being referred to the Fitness to Practise Committee (FTPC), coupled with a simultaneous increase in the clinical complexity and seriousness of those referrals. As at 31st December 2023, there were a total of 150 referrals from Preliminary Proceedings Committee (PPC) in the Fitness to Practise (FTP) caseload. Approximately 19% of the 150 cases on hand were referred to FTP in 2021 or before and tackling this small but significant historical element of the overall FTP caseload was a key priority in 2023 and will be again into 2024.
- In August, the Fitness to Practice Directorate introduced a triage framework designed to help our external legal services providers rank priorities within an overall FTP caseload and to provide us with greater visibility on the composition of our caseload.
- A total of 61 referrals were received from PPC in 2023 and it's anticipated a similar number of referrals will be received from PPC in 2024. This represents a slight decrease in the referral rate; in 2022, the referral rate from PPC to FTPC stood at 22%; in 2023 the referral rate was 15%.
- General Counsel provided in-house legal advice to various Committees, panels and departments across the organisation on a wide range of issues, including Protected Disclosure, the Publication Policy, training for the Registration and Continuing Practice Committee, and a number of High Court matters.
- In the area of contracts and procurement, Legal advised on a number of matters including a complex contract for the legal services tender and a number of other contractual matters. Finally in the area of information governance, Legal provided extensive advice on issues including data breaches and submissions to the DPC and OIC.
- During the year, 32 Section 105 cases were conducted, and Legislative Affairs assisted the Gardai with six separate criminal investigations.
- The Health Committee

- *Completed a total of 88 individual review sessions alongside 7 seven plenary meetings;*
- *Was supporting a total of 51 practitioners at year end;*
- *Released eight practitioners from the Committee's support in 2023;*
- *Twelve practitioners joined the Committee in 2023.*

- Six Monitoring Committee meetings took place in 2023. The Monitoring Committee continues to actively monitor 18 practitioners. During 2023, four practitioners were released from the supervision of the Monitoring Committee and a further four joined.
- The establishment of a Monitoring function was commenced at Executive level.
- A new Directorate was established, setting up the regulatory policy and standards functions of Council. Work commenced included the development of the regulatory policy framework and governance structure, policy development templates, establishment of the regulatory policy forum, scoping and needs analysis needs of regulatory policies across the Council. The first policy in this area, a Publications Policy for Council, was delivered at the end of 2023.

Strategic Objective 4

Improve the understanding of the role of the Medical Council

- The Research and Communications teams undertook a consultative process to support development of the Statement of Strategy, 2024-2028. Survey data were collated and analysed, and an in-depth report was prepared based on findings.
- Two key stakeholder events were organised by the teams: The 2024 – 2028 Statement of Strategy roundtable consultation and a stakeholder and media conference to support the launch of the 9th Edition of the *Professional Conduct and Ethics for Registered Medical Professionals* which had over 90 attendees with speakers focusing on themes arising from the new guide. The conference attracted significant national and regional media attention, with a number of interviews taking place with the Medical Council President and other spokespersons.
- Notable print and broadcast coverage was achieved, supported with digital communications, including an email campaign to over 30,000 doctors and stakeholders and live social media posting of the event garnering over 25,000 views.
- Public opinion research was commissioned with findings used to support our principal communication objectives, including the launch of the Medical Council blog by the digital communications team, featuring engaging and informative content for both doctors and patients. The blog has seen impressive engagement to date, with a +55% increase in time spent on blog pages versus other web content, indicating strong engagement with our audience.
- The Communications and Research teams also supported the President with a number of presentations, including the IAMRA (International Association of Medical Regulatory Authorities) Conference in Indonesia on the topic of “International movement of doctors – opportunities and ethical challenges - Experience of the Medical Council of Ireland” where the President presented on our experience of supporting doctors from Ukraine and Sudan.
- Significant website improvements have been achieved with the launch of a Web Content Review project with teams across the organisation, as well as the release of a new redesigned homepage, a refresh of colour scheme across the site and a pivotal Data Protection & Cookies project and redesign. Further enhancements will be rolled out in the first quarter of 2024, to improve user experience.
- A new Blog platform has been designed and launched featuring engaging and informative content for both doctors and patients, social media activity has been improved (with a 26% increase in followers throughout 2023) and a redesigned stakeholder newsletter has been developed and introduced.
- Data Subject Access Requests (DSAR) and Freedom Of Information (FOI) requests have remained high in 2023 at 15 and 53, respectively. In addition, requests from other parties such as An Garda Siochana and solicitors’ firms have increased to 84 from 31 in 2022. Adherence to statutory timelines for the processing and management of these matters remains high.

Strategic Objective 5

Review and recommend changes to legislation regulating the medical profession

- Council has worked with stakeholders in the Department of Health to propose legislative change that will improve the efficiency and effectiveness of the regulation of medical professionals. General Counsel advised on a number of new legislative regimes, including the changes being introduced by the 2020 & 2023 Acts and the Open Disclosure legislation.
- Significant preparation work was undertaken in advance of the further commencement of the Regulated Professions (Health and Social Care) Amendment Act 2020. Much work was also carried out to enable the provisions that have already been commenced of the Regulated Professions (Health and Social Care) Amendment Act, including those which provided amendments to definitions of approved medical degrees, and those who completed their studies in the UK to be eligible for internships here.
- Legislative Affairs has completed significant research and drafting of research and drafting on proposed legislative changes and additionally liaised with the Department on legislative developments throughout the year.

Strategic Objective 6

To develop the Medical Council as an engaged, effective and empowered organisation

- The primary focus of the People & Culture function in 2023 was to define and drive a people and culture strategy and business plan to support the delivery of the overarching organisation's business strategy.
- Core delivery elements for the function over 2023 were: building organisation capability and leadership development, enhancing employee experience and engagement, development of effective customer-centric HR Operations and processes and the programme management of the Organisation Design project – providing people leadership and change management expertise and partnering Senior/ Executive Leadership Team (SLT/ELT) and their teams to navigate the transformational changes required.
- People and Culture also undertook the recruitment of the 34 roles sanctioned by the Department in the 2022 workforce plan, alongside, internal competition for roles arising from the Organisation Design programme and other roles arising through natural attrition.
- As at year end, the approved headcount is 138 roles, anticipated to increase to 147 in 2024 subject to Department of Health approval of new roles arising from Organisation Design. Internal candidate success rate for those who participate in selection processes increased over the year to 64% at year end.
- Insights from 2022 Culture Survey and Exit Interview data have been used to develop initiatives to enhance employee engagement and experience including the launch of a new performance management approach, a revised recruitment and onboarding programme, enhanced career opportunity through the provision of varied learning and development and secondment opportunities.
- A leadership competency framework to support staff development at all levels was developed to build out the behavioural aspects of the high-level leadership competencies identified in 2022. The framework now forms the basis for recruitment, performance conversations and all leadership development activity.

  All core People Policies and Staff Handbook were reviewed and aligned to relevant public sector Circulars and any legislative changes.

- The Organisation Design programme was programme managed and delivered during 2023 – as the year concluded, every employee has been mapped to a role in the new structure and all functional transition planning has been completed, building readiness to stand up the new functions from January 2024.
- The net result of the various initiatives and deliverables has resulted in a year end attrition rate of 15% overall, at 1% below average attrition rates in Ireland of 16%, and a reduction of 7% on the previous year's attrition rate of 22%, which we are pleased to see particularly against the backdrop of transformational change across this year.
- During 2023, we used the insights from 2022 to guide our activities. For 2024, we will continue to build on and consolidate the development of People & Culture strategy and initiatives started in 2023, to drive capability with continued talent retention and engagement levels.
- 2023 saw the successful conclusion of the Kingram House Refurbishment project. The relocation back from our temporary premises concluded with Kingram House relaunched and open for business on 17th April 2023. Key enhancements to the building included upgrades and remedial works to fire safety systems and the wider building fabric, full air handling, heating, and lighting retrofit, improvements to the listed areas and installation of a new Building Management System (BMS) to enhance environmental and energy management reporting capabilities.
- A comprehensive review of Facilities contracts (31+) was completed in 2022 which informed development of an aggregated Facilities Management specification. This procurement process was further progressed in 2023 and will be tendered to the market in 2024.
- An interim Planned Preventative Maintenance (PPM) engagement was progressed in collaboration with Procurement and GC Legal which will address priority risks associated with building warrantees, dilapidations and statutory building maintenance and safety requirements.
- We saw a significant increase in requests for operational support following the re-opening of Kingram House, including but not limited to:
  - *59* in-person meetings (includes coordinating catering requests and room set up arrangements for internal and external events)*
  - *88 accommodation reservations over 103 nights**
  - *808* visitors to Kingram House (excluding short visits where queries are resolved by Front of House)*
  - *55 ergonomic risk assessments; 4 specialty risk assessments; 9 building related risk assessments completed (health & safety)*
  - *4 incidents/ accidents managed (the 1 accident occurred off MC premises in public space)*

  * Data available from June-December
- Successful management of the Facilities Helpdesk and ticket resolution will be enhanced by the introduction of a new Helpdesk by ICT in 2024.
- The Communications team commissioned public opinion research which was carried out by Behaviour & Attitudes, with findings used in a number of areas including for WHO World Patient Safety Day.
- This research also allowed the Digital Communications team to launch the Medical Council blog, featuring engaging and informative content for both doctors and patients. The blog has seen impressive engagement to date, with a +55% increase in time spent on blog pages versus other web content, indicating strong engagement with our audience.
- The Medical Council was successful in a bid to host the IAMRA International Conference in 2025 in Dublin. This bid was heavily supported by the Communications team and included bid presentations and video proposals, which helped ensure our bid was successful.
- The ICT team implemented a number of improvements within the IT infrastructural and service landscape. The relocation of the organisation back into improved Kingram House included the roll out of enhanced corporate wi-fi and VPN access. Server upgrades and Patching schedules were developed and implemented, with further enhancements planned for 2024. Visibility and management of our end-user devices was also strengthened with the enhancement of the ManageEngine endpoint Central solution.
- The ICT team successfully delivered the close-out of the PRISM registration module. Improvements were also made within the other core operational system, Practice Evolve, which included a major upgrade of the software and enhancement of the custom functionalities delivered for our Complaints & Investigations.
- The Procurement team commenced the process of developing a Corporate Procurement Plan (CPP) for the Council that will prioritise strategic procurement activity and support each Directorate achieve their objectives for 2024. The CCP will also identify and address non- compliant contracts which will support the development of a Contract Register.

Council Members

as of 31st December 2023

Dr Suzanne Crowe
President

Dr Mary Davoren
Vice President

Ms Teresa Bulfin

Ms Sinéad Corcoran

Dr Morgan Crowe

Ms Marie Culliton

Mr Ian Drennan

Mr John Gleeson

Mr Paul Harkin

Ms Jill Long

Professor Joe McMenamin

Prof Deirdre Murphy

Mr John Murray

Mr Nauman Nabi

Prof Ronan O'Connell

Dr Margaret O'Riordan

Mr Jim O'Sullivan

Professor Mary O'Sullivan

Professor Edna Roche

Dr Liqa ur Rehman

Mr Ronan Quirke

Executive Leadership Team

Leo Kearns

Chief Executive Officer

Paul Byrne

Executive Director, Regulatory Operations & Support Services

Jantze Cotter

Executive Director Regulatory Policy & Standards

Mairead Britton-Doyle

Executive Director FTP & Monitoring

Katie Mulroy

Executive Director, Complaints & Investigations

Colm O'Leary

Executive Director, Strategy & Business Services

Yvonne Clancy

Interim Executive Director, Organisation Development

Roseanne Fox

Executive Director Finance, IT & Digital Transformation

Alan Gallagher

Head of Communications and Stakeholder Engagement

Johanna Morris

Director, General Counsel

2023 in Numbers

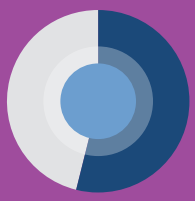
29,488

Doctors on register at year end 2023

up from **27,520** in **2022**

Gender Breakdown

46% **Female**



54% **Male**

41%

of DOCTORS on the specialist division

35%

of doctors are **34 years old** and younger

52%

of whom are **women**

353 **complaints received**

Registration

The Registration department ensures that only appropriately qualified medical practitioners who meet eligibility requirements have access to the register and thus the ability to practise medicine in Ireland. The Medical Council's Registration team experienced yet another active year in 2023, dedicated to preserving the integrity of the Medical Register by guaranteeing access is limited to those with the requisite qualifications, all the while delivering comprehensive services to medical practitioners.

In the framework of the Organisation Design initiative for the Medical Council, a revised sectional structure was established, incorporating a specific Operations and Projects team to oversee all non-assessment functions. This adjustment is aimed at enhancing the efficiency of assessment teams and the application process. New leadership roles, including a Head of Registration and a lead for Operations and Projects were introduced to the Registration Department in third quarter of 2023.

In partnership with the Information and Communication Technology department, significant improvements were made to the registration system, making the annual retention process more straightforward for doctors.

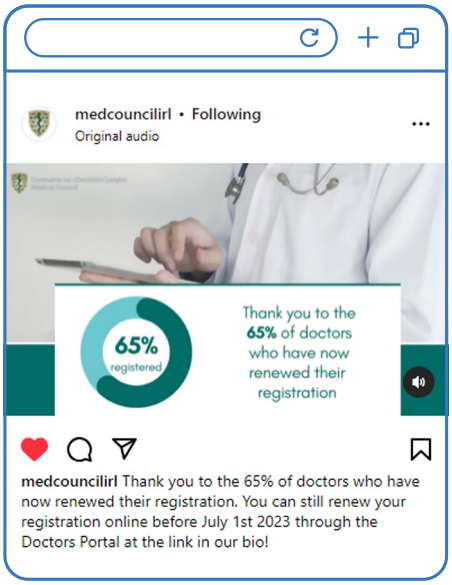
A fast-track registration pilot project was established, designed to accelerate the registration of doctors required for urgent roles within the health service. This initiative successfully facilitated the swift registration of over 161 doctors, enabling them to promptly begin their critical positions within the healthcare system.

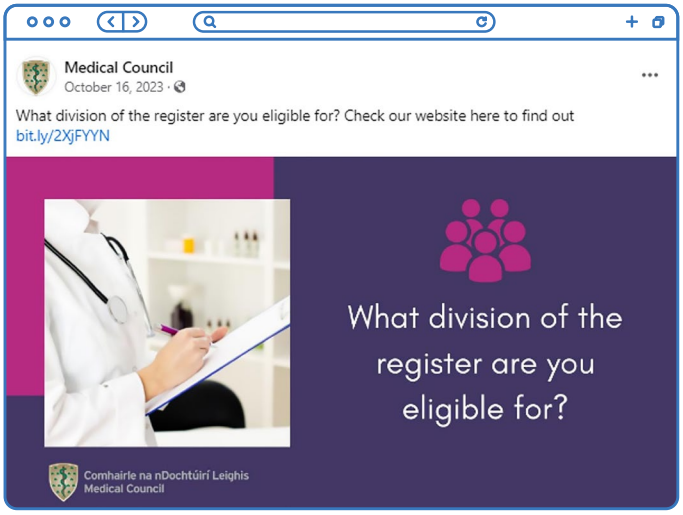
The Health Service Executive has provided positive feedback on this pilot project.

The year also marked the launch of a new Pre-Registration Examination System (PRES 2), providing a direct registration route for doctors lacking specific qualifications. This has proven especially beneficial for doctors in Ireland, including those unable to participate in equivalent international examinations.

Efforts to update the registration content on the website were undertaken in collaboration with the Communications & Engagement team, leading to a more accessible and clear presentation of information for both prospective applicants and current registrants.

Furthermore, collaboration with key stakeholders has facilitated the recognition of the Malaysia Ireland Training Programme for Family Medicine, creating a formal pathway for doctors to enter the Specialist Division in General Practice. This is part of an ongoing effort to recognize additional programs and enhance the integration of doctors into the healthcare system.





Dr Suzanne Crowe and Mr Yassir Hamad, President of the Sudanese Doctors Union of Ireland (SDUI).

Applications to join the Register of Medical Practitioners

During 2023, there were 6,519 of applications to join the Register of Medical Practitioners in Ireland, and of these applications 3,859 were approved. Approved applications came primarily from doctors who wished to register for the first time with the Council and restorals to the Register - doctors who had previously left or were removed from the Register and now wished to re-join.

Annual Retention

As of the end of December 2023, there were 29,488 doctors on the Register of Medical Practitioners. This reflects all doctors who are licensed to practise medicine in Ireland, however a proportion are not clinically active in Ireland.

The average age of these doctors was 42 years of age, and over half of these doctors - 15, 942 - were male. Gender was split more evenly among younger doctors, and 5,386 doctors, over half of those aged 34 years and younger, were female.

41% of these doctors were registered on the Specialist Division, followed by the General Division at 38.7% and the Trainee Specialist Division comprising 12.2% of the register.

The Medical Council's 2023 Workforce Intelligence Report, which is currently in development, will provide further information and insight into the medical workforce in Ireland, and will delve deeper into the data outlined above. This workforce report will be published in July 2024.

A full breakdown of Registration Data can be found in Appendix B.

Complaints and Investigations

The Medical Council protects the public by promoting and ensuring high standards of education, training, conduct and competence among doctors who are registered with the Medical Council.

The Council acts in the public interest and can impose restrictions on a practitioner's registration, potentially limiting or revoking their right to practice medicine in Ireland. This action is taken only in cases involving serious failings on behalf of the medical practitioner.

As the regulator for the medical profession, one of the core functions of the Medical Council is to process complaints which it has received against registered medical practitioners.

Role of the Preliminary Proceedings Committee

The Preliminary Proceedings Committee ('the PPC') is the Committee responsible for giving initial consideration to complaints and determining whether further action is warranted, for example, referral of the complaint to the Fitness to Practise Committee for a sworn oral inquiry. The PPC is established under Section 20(2) of the Medical Practitioners Act 2007. The PPC also has an important function to dismiss complaints at an early stage if it considers that a complaint is vexatious or without substance.

Medical Council Complaints Process

Stage 1
Investigation

Preliminary Proceedings Committee (PPC)
Investigates complaint

- *No further action; or*
- *Referred to another body or authority or to the Medical Council's professional competence scheme; or*
- *Resolve by mediation or other informal methods.*

A case for further action

Stage 2
Inquiry

Fitness to Practise Committee (FTPC)
Hears evidence at inquiry and makes findings in relation to allegations

- *No finding*

Finding

Stage 3
Sanction

Medical Council
Considers inquiry report and sanctions doctor

- *Advise, admonish (warn/caution) or censure (reprimand) the doctor in writing;*
- *Censure the doctor in writing and fine him or her up to €5,000;*
- *Attach conditions to the doctor's registration;*
- *Transfer the doctor's name to another division of the register;*
- *Suspend the doctor's registration for a specific length of time;*
- *Cancel the doctor's registration;*
- *Prohibit the doctor from applying for restoration to the register for a specified period.*

Mr Leo Kearns, Dr Suzanne Crowe, Justice David Barniville, President of the High Court, Ms Sheila McClennand, former CEO Nursing and Midwifery Board of Ireland, now CEO CORU.

There are currently 25 members on the PPC which includes five lay persons and 17 medical practitioners. The Committee attended 10 meetings in 2023. The Complaints and Investigations team received 353 complaints against 391 doctors in 2023.

The PPC has a medical practitioner majority and is comprised of members of the Medical Council and external members. The PPC deals with a significant volume of complaints and PPC meetings occur remotely every 4-6 weeks. The PPC is supported by the Executive team, including solicitors, case officers, and regulation officers.

The PPC may make a decision that a complaint does not warrant further action; that a complaint should be referred to another body or authority, or to a professional competence scheme; that a complaint could be resolved by mediation, or that a complaint should be referred to a Fitness to Practise Committee (FTPC).

Medical Council legal team.

The grounds on which a complaint can be referred to FTPC are as follows:

- Professional Misconduct
- Poor professional performance *(this can only be considered for events which took place on or after 3 July 2008)*
- Relevant medical disability
- Failure to comply with one or more condition(s) attached to the doctor's registration
- Failure to comply with an undertaking given to the Medical Council or to take any action specified in a consent given in the context of a previous inquiry
- Contravention of the Medical Practitioners Act 2007 (including a provision of any regulations or rules made under this Act)
- Being convicted in the State for an offence triable on indictment (or, if convicted outside the State, for an offence that would be triable on indictment in the Irish courts)

The Complaints and Investigations team manages the initial stage of the complaint process, communicating with complainants and practitioners throughout the PPC's consideration of the complaint. The Complaints and Investigations team prepares documentation for each PPC meeting, deals with correspondence following those meetings, and drafts the arising minutes for approval. The Complaints and Investigations team deal with complainants, doctors and legal representatives on a daily basis, as well as carrying out investigations on the direction of the PPC. The team also deal with numerous ethical and legal queries from the public and practitioners.

Prof Deirdre Madden, School of Law, UCC.

Despite an increase in both the number and complexity of complaints in 2023, the PPC continued to progress cases and made 286 decisions. The breakdown consisted of 225 cases where no further action was taken following an investigation, and 61 cases being referred to the Fitness to Practise Committee.

Currently, a multidisciplinary (MDT) approach is taken to case management, with case officers supervised by complaints and investigations managers, as well as solicitors. The structure is proving effective and will be formalised in future, specifically given the incoming legislation. Under the Regulated Professions (Health and Social Care) Amendment Act 2020, the Chief Executive Officer (CEO) may decide not to investigate a complaint if he or she is satisfied that such a complaint is frivolous, vexatious, without substance or "not made in good faith".

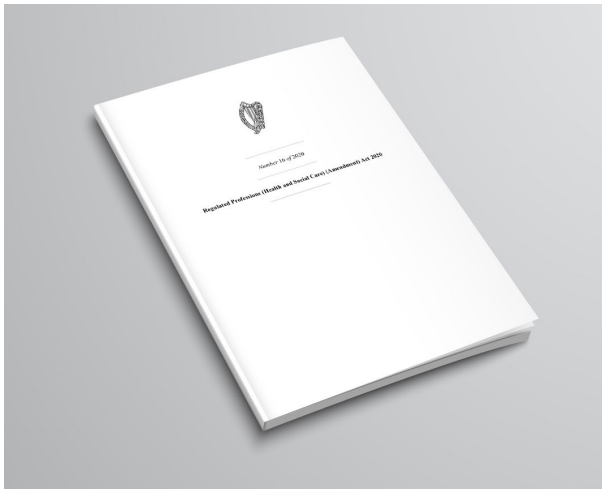
This triage power requires careful collaborative consideration on receipt of complaints, liaison with potential complainants, application and communication of the Medical Council's triage policy, and legal consideration of what is appropriate to open or investigate. (The PPC deemed that 17 cases were trivial, vexatious or without substance or made in bad faith in 2023) The Multi-Disciplinary Team's collaborative structure will be a key enabler to the smooth implementation of the incoming legislation.

This year saw the introduction of a dedicated team to deal with Section 60 of the Medical Practitioners Act which allows the Council to make an *'ex-parte'* application to the Court for an order to suspend the registration of a registered medical practitioner, if the Council considers that the suspension is necessary to protect the public. This team now brings any high-risk cases to the attention of the President and the CEO for initial consideration, for the President and CEO to determine whether or not the Council should consider the matter pursuant to section 60 of the 2007 Act. This team will monitor high-risk patient safety cases and monitor all undertakings and suspensions in respect of doctors who have been considered pursuant to section 60 of the Act.

Further process improvements have been implemented this year with Council's workload being decreased due to the delegation of decision-making authority to the CEO under section 57 of the Act. Section 57(1) of the Act empowers "A person (including the Council)" to make a complaint to the PPC in relation to a particular matter. Historically, it has been the sole responsibility of the Council to make such complaints to the PPC. However, at its meeting on 5 September 2023, the Council, in accordance with section 24 of the Act, decided to delegate this function to the CEO of the Council. This delegation was made without prejudice to the right of the Council to exercise this function and therefore, the Council may still refer a complaint to the PPC pursuant to section 57.

Regulated Professions (Health and Social Care) Amendment Act 2020

The Regulated Professions (Health and Social Care) Amendment Act 2020 ('the 2020 Act'), some sections of which have already been commenced with respect to the Medical Practitioners Act 2007, will introduce important changes for the complaints process. Once the legislation is commenced, the CEO will be responsible for investigating complaints. The 2020 Act will also facilitate the PPC sitting in subcommittees when forming an opinion in respect of complaints and further allows for the PPC to accept undertakings from registered medical practitioners. Discussions with the Department of Health continued throughout the year in relation to commencement dates for the 2020 Act.



Fitness to Practise, Monitoring and Health

Fitness to Practise Committee

The Fitness to Practise (FTP) Committee is established under section 20(2) of the Medical Practitioners Act 2007 to hold inquiries into complaints referred by the Preliminary Proceedings Committee.

Inquiries and callovers are heard by a panel of three decision-makers, made up of three members of the FTP Committee. Two of the panel must be non-medical members and one a medical member. At least one of the members must be a Council member.

In 2023, the FTP Committee sat for a total of 69 days, hearing inquiries and callovers which resulted in the disposal of 49 complaints which had been referred by the Preliminary Proceedings Committee.

The Act provides that the default position for inquiry hearings is in public, unless, on application the inquiry panel decides otherwise. Of the 23 (i.e. 20 completed + 3 adjourned) inquiry hearings which took place in 2023:

- 12 were held in public and 11 were held in private.
- 19 took place remotely and the remaining 4 were held on an in-person basis.

Justice David Barniville, President of the High Court.

Health Committee

The Health Committee's primary role is to monitor and support medical practitioners experiencing a "relevant medical disability" to maintain their registration. "Relevant medical disability" is defined in section 2 of the Act as a physical or mental disability of the practitioner (including addiction to alcohol or drugs) which may impair the practitioner's ability to practise medicine or a particular aspect thereof. During 2023, such medical practitioners came to the attention of the Medical Council in a variety of ways, including self-referral; referral by a third party or referral from the Council. The Health Committee reports to the Council.

Eight plenary meetings of the Health Committee took place in 2023 in addition to 88 individual review sessions. During individual review sessions, two Committee members discuss with the medical practitioner the medical reports received from the medical practitioner's treating healthcare professionals and any other issues relevant to the medical practitioner's health that the members consider appropriate under the circumstances.

As of 31 December 2023, a total of 51 medical practitioners were being actively supported by the Health Committee.

Monitoring Committee

A total of six Monitoring Committee meetings took place in 2023. During 2023, four practitioners were released from the supervision of the Monitoring Committee and a further four joined. As at 31 December 2023, the Monitoring Committee was actively monitoring 18 medical practitioners.

Executive Monitoring function

A new Executive Monitoring function was established in the latter part of the year to strengthen the Medical Council's capacity and capability to effectively monitor practitioners with restrictions and support them in achieving compliance. It is expected that this function will be fully operationalised in late 2024.

Performance Assessment

Performance Assessment is a regulatory process which protects the public and supports registered medical practitioners by assessing a practitioner against the reasonable standard for a doctor practising the same type of medicine. It supports doctors by making recommendations to set and meet objectives to maintain and improve their practice.

In 2023:

- Six cases were referred to Performance Assessment
- One case closed-out on completion of Performance Assessment
- Two on-site assessments took place
- 16 active Performance Assessments were managed

Regulatory Policy and Standards

Regulatory Policy

The establishment of the Regulatory Policy function in 2023 within the Medical Council marked a pivotal step towards ensuring effective governance and formulation of regulatory policies, vital for upholding the Council's role as the regulator for the Medical Profession in Ireland and safeguarding patient safety. The unit was established to oversee three core aspects: governance of regulatory policy, development of position and policy papers in collaboration with external stakeholders and drafting of regulatory policy documentation in partnership with internal stakeholders. The work of the unit will steer our approach as a proportionate, compassionate regulator, implementing the principles of right tough regulation, and allowing for a more responsive and dynamic approach to medical practitioner regulation.

Ethics Committee of the Medical Council.

Ethics and Professionalism

In 2023, the 9th Edition of the *Guide to Professional Conduct and Ethics Guide for Registered Medical Practitioners* was published, the result of two years' work, incorporating public and targeted consultation processes and many hours of drafting. Its new structure will pave the way forward for the publication of high-level statements and supplementary guidance to support doctors in their practice.

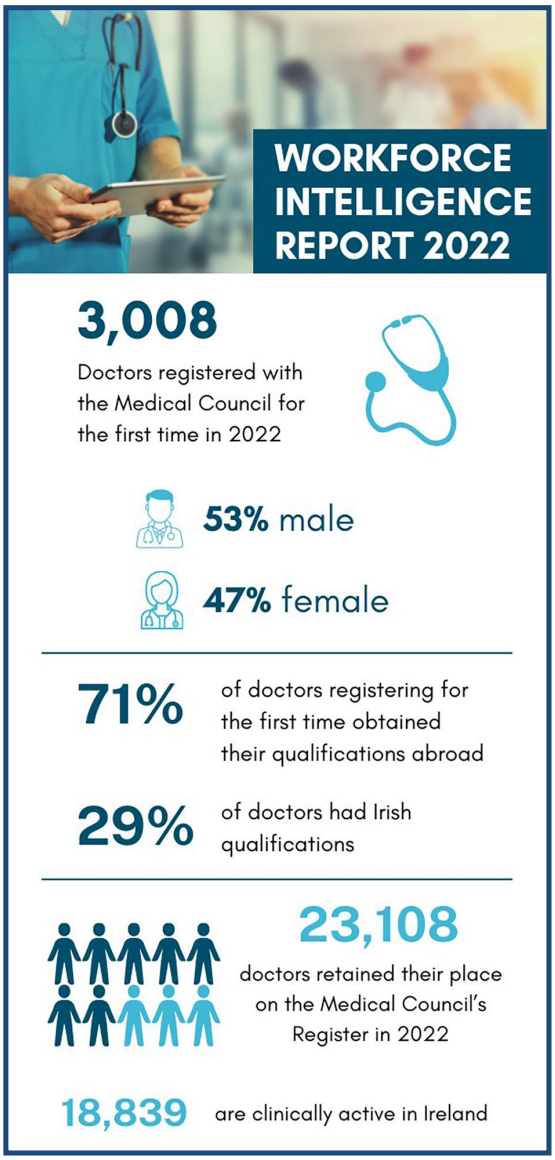
Mr Leo Kearns, Medical Council CEO, Dr Suzanne Crowe, President, Medical Council and Ms Jantze Cotter, Executive Director, Regulatory Policy and Standards.

Research

The Medical Council's Research team carry out both quantitative and qualitative studies, analysing all relevant data, the results of which enable the Council to produce reports and guidance around many areas, including workforce planning.

Medical Workforce Intelligence Report

The Research Team prepared the 2022 Workforce Intelligence report, which is derived from analysis of the annual retention, registration, and voluntary withdrawal data. This report presents and discusses key insights and issues that can inform strategic and integrated medical workforce planning, including the General Division, lack of training and education opportunities, a shortage of consultants and a need for increased training opportunities for non-consultant hospital doctors, excessive work hours and a challenging working environment.



Mr Leo Kearns speaking with Dr Rita Doyle, former President of the Medical Council, and Dr Margaret O'Riordan.

Strategic Data Planning

Significant progress was made in supporting data work throughout directorates: Registration, Fitness to Practise and Complaints and Investigations, and mapping data assets, including identifying and addressing data gaps. Recommendations were made for developing data quality frameworks and standard operating procedures to ensure data quality. A data development workshop, facilitated by David Darton from the General Medical Council, provided crucial direction and input into our data activities, and a Governance Framework was developed to support data planning and development.

Stakeholder Engagement

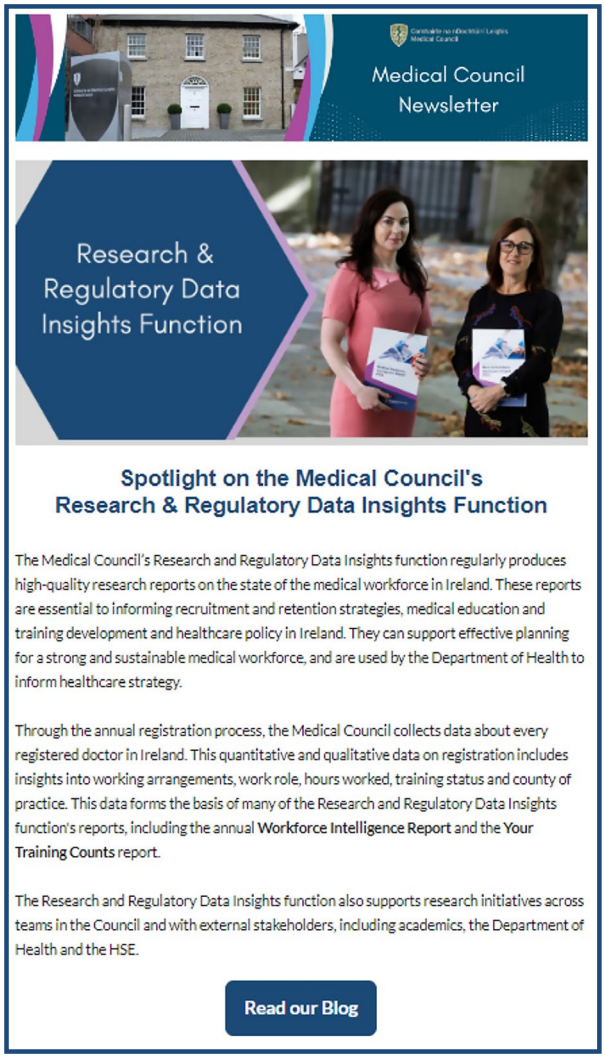
The Research Team has collaborated with the six regulators of professions and two regulators of health and social care services, under the umbrella of the Health and Social Care Regulatory Forum, to address current workforce issues that present significant risk to the provision of safe, quality patient care. This has entailed collating evidence and data from the Mental Health Commission, Health Information and Quality Authority, Pharmaceutical Society of Ireland, CORU, Nursing and Midwifery Board of Ireland, Dental Council, and Pre-Hospital Emergency Care Council, setting out a clear and urgent case for the development of a national strategic workforce plan.

There was significant engagement with external stakeholders to support research projects, workforce planning and align data activities, including the Department of Health, National Doctors Training and Planning, Irish College of General Practitioners, Central Statistics Office.

Panel members at the launch of the ninth edition of the Guide to Professional Conduct and Ethics for Registered Medical Professionals.

Research Support

The Research Team supported various activities across the organisation, including the Statement of Strategy consultation and preparation of an accompanying report. Data from Complaints and Investigations was analysed and prepared in report format with accompanying recommendations to improve our regulatory processes and support patients and doctors. Our data was presented at conferences by the Research Team, CEO and Council President.



Professional Development

The Professional Development team develops, monitors and reviews the rules, guidelines and standards in relation to medical education and training for basic and specialist medical qualifications in Ireland. It is also responsible for the maintenance of professional competence amongst medical practitioners. 2023 saw a significant shift and focus within the Professional Development team to review and streamline processes and ways of working in an effort not only to work more efficiently and effectively; but also, to enhance stakeholder engagement and subsequently our wider impact.

Some of these reflections have led to changes in our approach to Action & Implementation meetings and our annual returns process. The team also reviewed and refined accreditation report formats. All reports now link to the standards; are reader friendly and more streamlined with clear detail and timelines assigned to recommendations.

Reviewing and enhancing our quality assurance processes and activities will be an on-going activity and focus for the team in 2024. A particular focus will be further reviewing and refining our monitoring processes. The wider team will also be focused on the impact of our work in terms of our remit of patient safety.

Undergraduate Quality Assurance Activities

The Council's Undergraduate accreditation process complies with the World Federation for Medical Education's guidelines on best practice for accreditation. In addition, the process has been evaluated and approved by the National Committee on Foreign Medical Education and Accreditation (part of the Department of Education in the USA). In 2023, a total of three accreditations, one confirmatory visit and four Anatomy inspections took place.

Anatomy

The Medical Council is the licensing authority for the practice of anatomy in the State. In 2023, 115 donations were made through the donor programmes at the five anatomy schools in Ireland.

Medical School	No. of anatomical donations received in 2023
University College Dublin	21
University College Cork	24
Trinity College Dublin	12
University College Galway	20
Trinity College Dublin	38
Total	**115**

Undergraduate Monitoring Process – Annual Returns

The 2021/2022 academic year Annual Returns were analysed for nine medical schools and 12 programmes during 2023.

The main findings included the on-going impact of the COVID-19 pandemic, medical schools continued to face challenges including continued restrictions in student numbers and activity in some clinical training areas. An increase in the number of students availing of student supports was noted. A reduction in the availability of graduate loans may lead to decreased socio-economic diversity within the student population. The class of degree awarded by the medical schools is an area which needs more investigation. The level of 1st class honours in 2021/22 ranged from 2% in University of Limerick to 15% in Royal College of Surgeons in Ireland Dublin and Royal College of Surgeons in Ireland and University College Dublin Malaysia Campus. The average percentage of 1st class honours degrees award in 2021/22 was 11.5%. The class of degrees awarded has implications on intern placements, postgraduate training applications, and jobs.

The Annual Returns for the 2022/2023 Academic Year were sent to the medical schools on the 21st of November 2023 and are due to be submitted on 31 January 2024.

Undergraduate Projects – National Graduate Outcomes (NGO)

The Medical Council committed to adopting an outcomes-based approach to the continuum of medical education and training to aid a smoother transition between the progressive stages of the professional development of doctors. In order to assess and improve transitions between progressive stages of education, the Council needs to clarify the learning outcomes expected at each stage and have committed to beginning this process at the transition period from medical school into the intern year. The aim of the NGO project is to develop a set of national outcomes criteria for graduates of medical degree programmes in Ireland, accompanying guidelines, and a methodology to assess the outcome achievements.

The NGO project will be informed by national policy context, international standards and best practice, the current Irish healthcare context, and relevant reports.

We are currently at the procurement stage of the project with a Request for Tender ready to go live before the end of 2023. The project, once commenced, is envisaged to take 18-months to complete and the end results will be a set of national gradate outcomes and a framework for assessment that Medical Schools can adopt.

Clinical Training Site Quality Assurance Activities

Clinic Training Site (CTS) teams remit relates to clinical training sites encompassing the intern year and specialist training programmes. This year, two new members joined and took over the inspections function of CTS.

CTS quality assurance activities are led by what is specified under section 88 (3)(e) and section 88 (4)(e) of the Medical Practitioners Act 2007. Under these sections, clinical training sites where intern and specialist training are delivered are required to meet standards set by the Medical Council, to ensure they are suitable for training. These sites, which include hospitals, clinics, and GP practices must be inspected by the Medical Council to assess if the standards are being met.

For the intern year specifically, adherence to the standards for training and experience is required for the granting of a Certificate of Experience to interns upon successful completion of the Intern year. The Council must inspect and approve all new Intern sites, and in June, was informed of 17 new intern sites that had interns assigned to them. To date, 13 of the 17 sites have been inspected, with the remaining four to be inspected in the first quarter of 2024.

Attendees at Medical Council event.

Governance of the Intern Year Project

As there is no single national body responsible for intern training in Ireland, existing intern arrangements have resulted in a perceived variation in the quality of the intern training experience. The Irish Medical Schools Council (IMSC) are currently working on a proposal for developing the single national body to govern the intern year. The IMSC was asked to propose a governance and operational model for intern training which should address the key criteria and requirements set out by the Medical Council.

The IMSC responded formally in April 2023 notifying the Council that funding has been agreed in principle with the HSE NDTP and an Intern Governance Working Group (IGWG) has been established to help develop the proposal.

The Medical Council Executive established two groups to support the review and feedback of the proposal, a Steering Group (SG) and Governance of the Intern Year Advisory Group (GIYAT) and both groups have had their second round of meetings.

This is an ongoing project that will continue to be progressed in 2024.

Professional Competence

The primary focus of work for the Medical Council in 2023 was to prepare for the introduction of a new revised Maintenance of Professional Competence (MPC) Framework model for registered medical practitioners, scheduled for May 2025.

This work involved finalisation of the draft MPC Rules and Guidelines. These documents will underpin the new forthcoming Framework, as well as also providing foundation for the creation of a CPD accreditation system for registered medical practitioners' continuing education. Both the Framework and the operating model of the CPD accreditation system incorporate the principles of right-touch regulation.

The Rules and Guidelines were presented for consultation with Training Bodies in the summer of 2023, before being formally presented to the Council in December 2023. Both documents received approval and were subsequently sent to the Departments of Health and Public Expenditure and Reform. Following confirmation of approval from both departments, the Rules will be raised as a Statutory Instrument and both documents will be officially published to align with the new Framework model in May 2025.

During 2023, the Medical Council also developed a revised set of Arrangements to define the management and operation of Professional Competence Schemes (PCSs) by the Postgraduate Training Bodies (PGTBs). All evidence has indicated that the operation of PCSs by PGTBs under arrangement with the Medical Council has been a successful model and partnership. Therefore, the Medical Council will be grandfathering the existing Schemes to continue operating the new MPC Framework model under a revised set of Arrangements. These new Arrangements will commence in May 2024 and operate for five years, with the first year providing a transition period to enable all Scheme operators to prepare for the commencement of the new Framework and associated Rules in May 2025.

A brief summary of recent and upcoming work regarding the introduction of the new revised MPC Framework model for registered medical practitioners is below:

- **Council endorsement of draft Rules and Guidelines**
- **Public consultation on draft Rules and Guidelines**
- **Council approval of draft Rules and Guidelines**
- **Development of revised Arrangements for PGTBs**
- **Presentation of Rules and Guidelines to DoH and DPER**
- **Raising of Statutory Instrument for new Rules**
- **Commencement of new Arrangements for PGTBs**
- **Engagement with PGTBs to develop new CPD accreditation system**
- **Finalisation of new CPD accreditation system**
- **Formal commencement of revised MPC Framework and associated Rules**

Corporate Affairs

Information Governance

The Information Governance team plays a key role in upholding high standards of information governance across the Council. The team is primarily responsible for managing and responding to all requests received under the General Data Protection Regulation 2016/679 (the GDPR), Data Protection Act 2018 and the Freedom of Information Act 2014. The team also plays a key role in dealing with requests for information from other regulators, An Garda Síochána and other third parties.

As outlined in Appendix D, numbers of requests received remain relatively constant in comparison to 2022. Adherence to statutory timelines for the processing and management of these matters, however, remains high. The number of Subject Access Requests rose by 66% to 15 in comparison to last year. Similarly, requests from other parties such as An Garda Síochána and solicitors' firms have increased to 84 from 31 in 2022. In respect of Freedom of Information requests, the Medical Council continuously strives to promote transparency and openness in the release of records with further detail provided in Appendix D.

The Information Governance team continues to deliver training to the Executive, Council and committees of the Medical Council addressing emerging issues, highlighting guidance from the Data Protection Commission and the Office of the Information Commissioner and providing support to ensure the Medical Council's continued compliance with information governance requirements. In addition to the above, the team works closely with colleagues across the organisation to enhance the information governance frameworks in place. This includes work on policies and procedures, review of proposals involving the processing of personal data and acting as an expert source of advice to colleagues on information governance issues.

Compliance

The Medical Council is committed to ensuring the highest compliance standards across the organisation, and continues to invest in training, process improvements, and awareness across each function of the Medical Council. The Medical Council is subject to a wide range of legislation and the below provides a brief update on key legislation which acts as a basis for a number of internal processes and procedures operated in the public interest.

Code of Practice for the Governance of State Bodies (2016)

The Council has adopted the Code of Practice for the Governance of State Bodies (2016) and has put procedures and systems in place to ensure compliance with the Code. To further enhance the Council's compliance with the Code, the Council continues to invest in training and development across the Executive, Council and Committee members.

Ethics in Public Office Act 1995 and Standards in Public Office Act 2001

Council members and specific members of the Executive are required to disclose material interests on appointment, and update disclosures of their interests annually, or when there is any relevant change. Annual statements of interest of those holding designated positions are submitted to the Standards in Public Office Commission. There were no material interests identified at Council or Executive level in 2023.

Protected Disclosures

The Protected Disclosures (Amendment) Act 2022 provides protections to people who make disclosures in the public interest. The Medical Council has updated and published the required policies and procedures in line with the Act and continues to develop reporting and investigation processes. All Council members received training in 2023 on protected disclosures, and training continues to be rolled out across the Executive.

Children First Act

The Medical Council has an appointed Designated Liaison Person who is responsible for ensuring that proper reporting procedures are followed so that child protection concerns are referred without delay to the relevant authority.

The Medical Council has published internally its Child Protection and Vulnerable Persons Policy and the relevant supporting documentation. Further training is expected to be carried out in 2024, and awareness raising continues across each section of the Medical Council.

Equal Status and Public Sector Equality and Human Rights Duty

The Medical Council believes through understanding the diversity of individuals and by embedding and promoting equality and diversity into our work, we can improve our effectiveness as a regulator and provide an inclusive and supportive environment for our staff.

In line with the Equal Status Acts 2000 – 2015, the Medical Council also provides a dedicated staff member for the processing and investigation of any complaints made under these Acts.

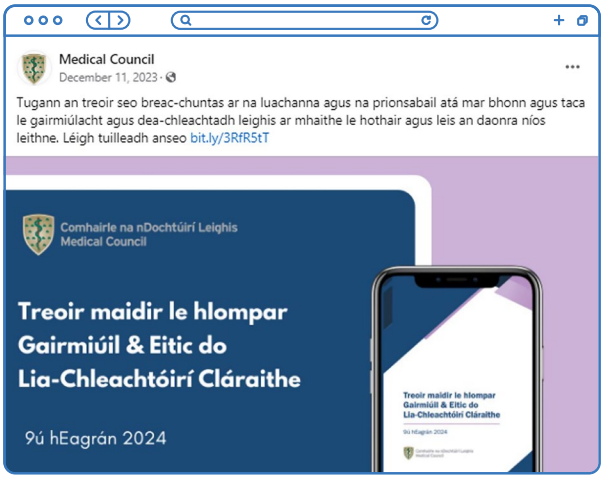
Gender diversity across medical practitioners is recorded by the Medical Council and available in Appendix B of this report. In line with the Code of Practice for the Governance of State Bodies the composition of the Council and Committee members is also monitored by the Medical Council and details are available in Appendix A of this report.

Disability Act 2005

The Medical Council strives to ensure that all services and facilities provided by the Medical Council can be easily accessed by all those with disabilities. A refurbishment of the head office was completed in 2023 which enhanced the physical access and support within the office for those with disabilities. The Medical Council continues to meet the minimum requirement of 3% for the employment of persons with disabilities. An Access Officer has been appointed and is available to provide support as required.

Official Languages Act 2003

The Medical Council continues to work towards fulfilling its obligations under the Official Languages Act 2003 and (Amendment) Act 2021. In preparation for the phased commencement of new requirements, Medical Council staff attended information updates on the Official Languages (Amendment) Act 2021 in 2023.



The Medical Council submitted its 2023 report on minimum advertising requirements to An Coimisinéir Teanga in line with the legislative timelines.

the Medical Council continues to publish documents including annual reports, financial statements and statements of strategy in Irish.

The Medical Council continues to engage through the Irish language with those who request to do so.

Health & Safety

The Medical Council continues to comply with the Safety, Health and Welfare Act 2005 (as amended) and the Safety, Health and Welfare at Work (General Application) Regulations 2007-2020. The Medical Council operates robust policies and procedures and provides training as appropriate.

As part of the Medical Council's commitment to the health and safety of its employees, all employees, partners, and dependents (over age 18) have been provided with access to an Employee Assistance Service.

Prompt Payments

Subject to the prompt payment of accounts legislation, the Medical Council reports quarterly to the Department of Health on prompt payments and these reports are available on the Medical Council website.

Corporate Governance

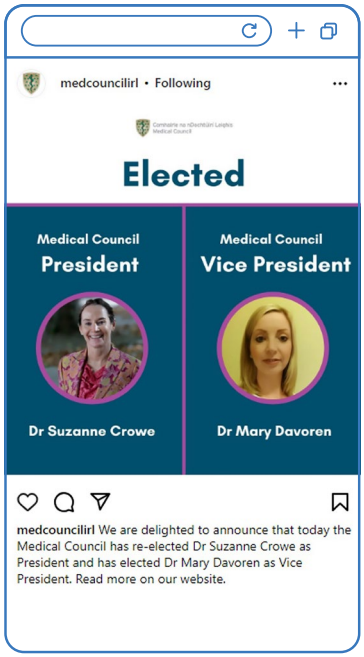
The Corporate Governance team is responsible for supporting the Council and the President in its role as Council secretariat and with responsibility to convene, manage and run all Council meetings throughout the year. The team provides expert governance advice to colleagues, the Council and Committees to ensure adherence with the Code of Practice for the Governance of State Bodies. The team also has responsibility for delivering a comprehensive induction and learning and development programme for Council and together with colleagues, for Committees.

In 2023, the Corporate Governance Team organised and managed:

- 11 scheduled Regulatory Council meetings,
- 5 Governance Council meetings,
- 29 Extraordinary Council Meetings (includes meetings held by the circulation of papers).

This amounted to upwards of 45 meeting days in 2023, an increase of seven meetings from the previous year. The majority of scheduled meetings were full days, and the Extraordinary Council meetings took on average three hours each.

The Corporate Governance team has a key role in ensuring appointments to the Council and its committees are managed in line with best practice. In 2023, the terms of 15 Council Members ended. The work involved in facilitating the changeover was significant and the Corporate Governance team worked closely with colleagues to deliver this. Three newly appointed Council members were Ministerial nominations / appointments, six were nominated by relevant bodies, and appointed by the Minister, and six were elected members of Council. The new Council's first meeting was held on the 14th June 2023.



In April 2023, the Corporate Governance Team launched a recruitment process to populate the Medical Council committees with external committee members. This was part of the overall programme of work underway for the year to manage the appointment and onboarding of new Council members in addition to the population of all Council committees. Nearly 60 external committee member positions were available. An extensive recruitment process was undertaken seeking expressions of interest for the various positions through a targeted media campaign. A total of 231 expressions of interest were received, reviewed and processed.

Following the appointment of the new committee members, a comprehensive induction programme was developed and rolled out to both Council and external members. The induction took a cross organisational approach, with general training on the role of the Medical Council, followed by targeted training for each committee, delivered by the relevant sections and secretaries to the committees. The delivery of such an induction programme is significant, with a heavy emphasis on the expertise and knowledge of the Executive.

The Corporate Governance Team facilitated the annual review of the Committees' Terms of Reference through a series of workshops, to ensure that the functions of the committees were consistent with the objectives set out in the annual business plan, and appropriately resourced before the changeover of committees.

General Counsel

The Legal team continued to provide legal support and strategic advice to the Council and Executive in 2023, across the Council's regulatory and corporate functions.

The team provided legal advice to the organisation in relation to its regulatory functions in the areas of Registration, Education and Training, Maintenance of Professional Competence and Ethics as well as on matters relating to statutory interpretation, fair procedures, administrative law, information governance law, litigation, contracts and all other day-to-day legal matters that may arise. In 2023 the legal team managed a number of contentious matters including litigation before the High Court.

In addition, the team contributed to a number of cross organisational projects including the development of regulatory policies during 2023 and it played a key role in supporting the organisation to prepare for the implementation of legislation which impacts on its mandate. This included the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023, the Protected Disclosures (Amendment) Act 2022 and the Regulated Professions (Health and Social Care)(Amendment) Act 2020 (as amended).

Investigations concerning unregistered practise

The Medical Practitioners Act 2007 ('the Act') provides that unregistered medical practitioners shall not practise medicine. Under s105 of the Act the Council has the power to investigate the case of any individual, who is not a registered medical practitioner and who is practising or has practised medicine in contravention of the Act. Section 139 of the Regulated Professions (Health and Social Care) (Amendment) Act 2020 amended the 2007 Act so that investigations are now conducted by the CEO.

If, following the investigation the CEO has reasonable grounds to believe that the individual, who is not a registered medical practitioner and who has practised medicine in contravention of the Act, he is obliged to inform An Garda Siochana and the Minister for Health.

During 2023, 32 investigations were conducted[1] and one individual was reported to the Gardaí and the Minister.

1 At the time of writing, not all of these investigations had concluded.

Information and Communications Technology (ICT)

The key themes permeating 2023 from the IT perspective were resilience and stability. Following a period which introduced major new systems (in PRISM, our registration management platform), and which saw a return to office working, and a hybrid working model, a key objective of the 2023 business plan was to optimise service delivery in the areas of infrastructure, helpdesk, networking, and cyber security.

In April, the Council moved back into its Kingram House head office and IT played a key role, partnering with Facilities, to ensure that the communications and technology infrastructure was in place to enable a warm welcome back to all staff. A new corporate Wi-Fi Network was implemented securing wireless network connectivity in all areas of the building for staff, while keeping guest access separate and isolated from internal systems. A refresh of user workstations was also undertaken while deploying 100% hot-desk facilities throughout Kingram House.

Focussing on cyber security, we strengthened our posture significantly with the implementation of industry leading threat detection and analysis systems under the management of a centralised Security Operations Centre. This has provided unparalleled visibility of all activity across our internal and cloud domains, alerting us to any potentially significant occurrences and providing peace of mind that our environment is constantly supervised. In addition, a range of further cyber security initiatives were completed including network hardening, enhanced perimeter defences, conditional access and encryption along with strengthened policies.

Work on a comprehensive cyber security strategy will continue into 2024 keeping focus on this key area.

From an application perspective, we continued the development of our core systems delivering a range of key functionalities including integrations, changes to the 2023 renewals processes, back-end administration improvements to the benefit of our registration colleagues, and increased scope of case management applications to our Professional Competence team. Here too, we have retained a focus on stabilisation and improved service delivery, introducing a key user support model, the new role of Core Applications Manager within the IT team, re-engineered quality assurance processes around system deployments and formalised vendor management processes, all of which are delivering improved key vendor relationships, and better service delivery.

Our operational plan for 2024 will continue these themes and will build upon the work done across 2023, strengthening and deepening our procedural and operational resilience and providing a stable platform from which to develop and deliver our digital strategy.

Facilities

The Facilities team provide integral support to the organisation across a range of areas, including building maintenance, enforcing Health and Safety regulations and ensuring climate targets are reached.

Re-launch of Kingram House

Substantial completion of the refurbishment works was delivered on 24th February 2023. Kingram House re-opened for business on 17th April 2023 following a successful re-commissioning programme.

In advance of the return to Kingram House, spatial planning systems were implemented to support hybrid and onsite working policies and revised office capacities. Further work to embed new building systems and address minor dilapidations was undertaken over the remainder of 2023.

Health & Safety

In line with the Safety, Health and Welfare at Work Act 2005 (as amended) and General Applications Regulations 2007-2020:

- An annual review and update of the Medical Council's Safety Statement, Fire Safety Procedures and associated safety policies was completed to reflect the working environment and upgrades to Kingram House;
- Ergonomic assessments were provided for remote office environments;
- A series of training programmes were undertaken with a contingent completing certification for PHECC First Aid and Fire Warden training;
- Safety awareness training was provided to all incoming staff;
- A risk audit and review of all health & safety risk assessments was undertaken.

Climate Action & Environment

The Medical Council continues to show improved performance towards the 2030 Climate Action targets. Management of energy consumption reported 70.6% energy efficiency by year end 2022 against the baseline, an improvement of 36% on 2021 SEAI results.

Of note:

- Energy performance (EE) since the baseline is positive, down 52%.
- Non-electricity greenhouse gas (GHG) emissions are up by 12% and will need a further focus in 2024.
- Total GHG emissions are currently positive, down 26%.
- Further focus will be required to maintain this trajectory.
- Additional data inputs expected to impact on these figures will be analysed in 2024 e.g. waste (tCO2), transport (passenger - kms travelled) and increased use of the building.
- A revised BER B3 rating was received following completion of the refurbishment, up from the previous D2 rating.
- A Display Energy Certificate (DEC) was commissioned in Q4 2023 with a rating of C1 received.
- Recommendations arising from the advisory report will be reviewed in 2024 to identify further energy efficiency and decarbonisation opportunities.
- Additional validation of data through energy audits, and analysis of data from building management systems will be undertaken in 2024.
- This data will inform future energy management strategies and Climate Action projects.

Insurance

A full review of insurance policies was undertaken in 2023 with the annual renewal process resulting in implementation of two further policies: Employment Practices Liability and Corporate Legal Liability.

Since Energy Efficiency Baseline to 2022

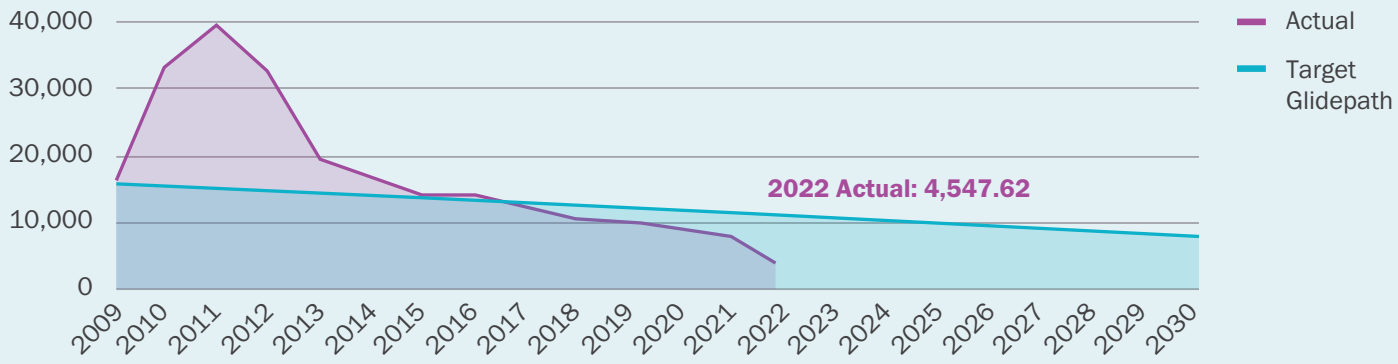
Energy Savings: 70.6% lower

Change in Energy Consumption: 23.4% lower

Energy Performance Indicators - 2022

2022 EnPI = 4,548 $\frac{\text{kWh}}{\text{FTE Employees}}$

Target EnPI = 7,743 $\frac{\text{kWh}}{\text{FTE Employees}}$



Level 2 Energy Performance Indicators (2022)

39.2% better than 2021		Electricity = 3,202	$\frac{\text{kWh}}{\text{FTE Employees}}$	27.5% better than 2021
70.6% better than energy efficient baseline		Thermal = 1,345	$\frac{\text{kWh}}{\text{FTE Employees}}$	56.1% better than 2021
41.3% better than 2030 target		Transport = 0	$\frac{\text{kWh}}{\text{FTE Employees}}$	0.0% worse than 2021

People and Culture

The Human Resources (HR) function of the Medical Council was renamed in 2023 as the People and Culture function, reflecting a broader and more modern definition of this enabling function, which is accountable for providing people leadership, change management expertise and partnering with the Executive Leadership Team and their teams to achieve the overall Strategic plan and navigate the transformational changes implemented during 2023.

Core delivery elements for the function over 2023 were: building organisation capability and leadership development, enhancing employee experience and engagement, development of effective customer centric HR Operations and the programme management of an Organisation Design (OD) project which drove a full restructure of the Medical Council.

Building organisation capability by closing the recruitment of the 34 roles sanctioned by the Department of Health in the 2022 workforce plan, alongside, internal competition for roles arising from the OD programme and other roles arising through natural attrition. As at year end 2023, the Medical Council had 138 Staff – an increase of 20 from the previous year. Headcount levels are anticipated to increase to 147 in 2024 as an outcome of the Organisation Design programme during 2023, which identified capability gaps across several areas including, Business Intelligence, Liaison Services, Specialist Legal Services, Contact Centre Management, and ICT.

Insights from the 2022 Culture Survey and Exit Interview data have been used to develop **initiatives to enhance employee engagement and experience** including the launch of a new performance management approach, a revised recruitment and onboarding programme, enhanced career opportunity through the provision of varied learning and development and secondment opportunities. These initiatives complemented activities of the Employee Wellbeing Group which ensures staff keep a holistic focus on wellbeing activities – emotional, mental and physical.

A **leadership competency framework** to support staff development at all levels was developed to build out the behavioural aspects of the high-level leadership competencies identified in 2022. The framework now forms the basis for recruitment, performance conversations and all leadership development activity.

All core **People Policies and Staff Handbook** were reviewed and aligned to relevant public sector Circulars and any legislative changes.

The 2023-year end attrition rate was 15% overall. This is set against the backdrop of transformational change across the year and at 1% below average attrition rates in Ireland of 16% for organisations of our size, and a reduction of 7% on the previous year's attrition rate of 22%.

During 2023, we used the insights from 2022 to guide our activities. For 2024, we will continue to build on and consolidate the development of People and Culture strategy and initiatives started in 2023, to drive capability with continued talent retention and engagement levels to enable the overall organisation's Strategic objectives.

Organisation Design programme

The Organisation Design programme identified a number of significant changes to the Medical Council's structure – establishing six defined Directorates; establishing Liaison & Support Services to create consistent and dedicated points of contact, expertise and support for doctors, patients and members of the public; enabling effective assurance of Education, Training & Competence by standardising approaches and ways of working around the lifecycle of the Doctor; creating specialised Registration teams; centralising critical activity, for example Monitoring within the Fitness to Practise function and Section 60 activity within the Complaints & investigation function. The new design incorporates specific capability; accountabilities and ways of working to ensure cross-organisational strategic & business planning and prioritisation and addresses capability and capacity gaps.

This programme represented a transformational change dynamic for the organisation which was supported and managed through the deliberate building of a culture of involvement, engagement, and transparency. We anticipate that with the embedding of our new structure during 2024, that further positive impact on employee engagement and experience will be achieved, due to role clarity, role enhancement, new interaction and collaboration models and balanced use of resources.

Communications and Engagement

The Communications and Engagement team is responsible for overseeing communications strategies and initiatives, and had a productive period with many high-profile achievements during 2023. The team organised a number of in-person events which were extremely valuable in contributing to the Medical Council's objectives.

Events organised by the team included the 2024 – 2028 Statement of Strategy roundtable meeting, which invited key stakeholders to respond to themes emerging from feedback received from an inclusive programme of consultation that took place during August – September 2023. Stakeholders were invited to contribute to the development of the Medical Council's 2024 – 2028 Statement of Strategy during an interactive and engaging roundtable discussion. Over 50 stakeholders attended and participated in this session, the feedback from which has been valuable in providing insight into the development of the Medical Council's new strategic plan.

A stakeholder and media conference to support the launch of the 9th Edition of the Guide to Professional Conduct and Ethics took place in quarter four of 2023. The conference attracted over 90 attendees, including a number of key stakeholders from professional regulators, patient advocacy groups, indemnifiers, as well as medical media, with speakers focusing on themes arising from the new guide.

The conference also garnered significant national and regional media attention, with eight interviews taking place with Medical Council President, Dr Suzanne Crowe, and other spokespersons. The wider campaign to raise awareness of the guide generated extensive news coverage on both national broadsheet, tabloid, and broadcast outlets, as well as over 80 pieces of syndicated regional news coverage and interviews, and features in medical trade publications. The campaign was supported by digital communications, including an e-mail campaign to over 30,000 doctors and stakeholders and live social media posting of the event garnering over 25,000 views.

In mid-2023, the team commissioned public opinion research, with findings launched in various ways, including World Health Organisation World Patient Safety Day on 17th September. Following on from this research, the team launched the Medical Council blog, featuring engaging and informative content for both doctors and patients. The blog has seen impressive engagement to date, with a +55% increase in time spent on blog pages versus other web content, indicating strong engagement with our audience.

The team also supported the President with a number of presentations, including the IAMRA (International Association of Medical Regulatory Authorities) Conference in Indonesia on the topic of "International movement of doctors – opportunities and ethical challenges - Experience of the Medical Council of Ireland" where the President presented on our experience of supporting doctors from Ukraine and Sudan. At this conference, it was announced that the Medical Council was successful in a bid to host the IAMRA International Conference in 2025 in Dublin. This bid was heavily supported by the Communications and Engagement team and included bid presentations and video proposals, which helped ensure our bid was successful.

Digital communications performance was positive in 2023 with improvements across a number of channels. Enhancements to the Medical Council website led to a significant increase in website traffic, with over two million total page views in 2023. The Medical Council Blog launched in September 2023 with a renewed focus on supporting doctors and patients with informative and engaging digital content. Social Media campaigns reached an audience of almost 550,000 across multiple platforms, with over 600 content posts across the year, and a 26% increase in followers throughout 2023.

The Medical Council e-mail newsletter was redesigned in 2023 with regular communications to an audience of over 30,000 and a strong open rate of 72% (versus industry average of 23%) indicating positive engagement.

Communications Achievements 2023

2.2 million page views

54% **Desktop**

45% **Mobile**

Blog

Launched September 2023 with **2,050** page views

2 **Public Consultations** conducted in 2023

30,133 Email Audience

230,000 Emails Sent

72% Open Rate

Social Media

549,000 Audience Reach

42,000 Video Views

633 Social Media Posts

38 Parliamentary Queries

49 Ministerial Representations

13 Press Releases

Risk Management

The Medical Council recognises the importance of adopting a proactive approach to the management of risk, to support the achievement of objectives and compliance with statutory and governance requirements. The risk management framework in operation within the Medical Council is designed to support the ongoing monitoring, review and management of risks.

Risk Owners meet with members of their teams and monitor risks on an ongoing basis. The Chief Risk Officer (CRO) meets with Risk Owners on a quarterly basis to review and interrogate all elements of each risk and update as required. Quarterly reports are provided to the Audit and Risk Committee and the Council. The CRO attends these quarterly meetings to present on risk movement, new risks, risk ratings, and actions planned by the Executive to address these risks.

The Council leads on the appetite, tolerance and management of risk, with the support of the Audit and Risk Committee which oversees the quarterly risk register reports.

In 2023, a full audit of the risk framework was conducted and there were no high rated findings which require action however the medium to low findings will be addressed through an update to the risk policy in the first half of 2024.

As of 31 December 2023, the Medical Council had 114 risks across 16 sectional risk registers. The principal risk themes which were identified in 2023 are provided below.

i. In line with the Medical Practitioners Act 2007, the Medical Council has a regulatory responsibility to ensure all aspects of the Act are implemented effectively with public safety at its core. The existent risks associated with the current legislative framework may be addressed by the Regulated Professions (Health and Social Care) Amendment Act 2020 and 2023, however until the Acts are fully commenced, the Council continue to engage with the Department of Health.

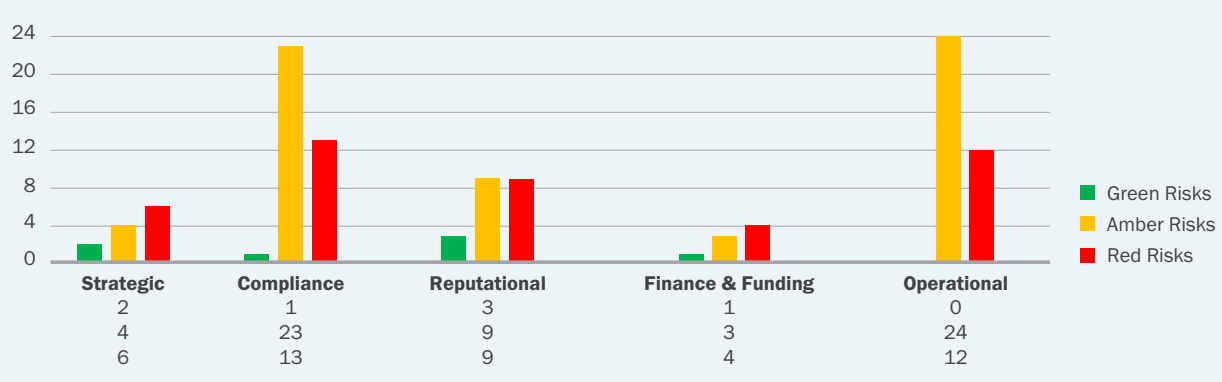
ii. The Medical Council has seen an increase in legal spend across 2023. This increase is a result of existing processes for the processing and management of complaints and inquiries. The Executive have and continue to build a financial strategy that will see a reduction in legal spend.

iii. In 2023, the Medical Council experienced challenges in attracting and retaining staff in key IT roles. Due to the potential risks associated with not having a fully staffed IT team, a HR strategy was developed with a focus on attracting staff to this area. With the appointment of new staff and the development of a Digital Strategy in 2024, the Medical Council will see a reduction in IT risks, improved efficiency and user engagement.

iv. As a Data Controller, the Medical Council continues to strengthen internal policies and procedures. Training and the promotion of good information governance practices is ongoing across the organisation.

v. The Medical Council recognises the importance of good governance practices to fulfil its role as not only a regulator but as a board in the public sector. The Executive, with the support of Council, have begun projects to review Council, Committee and Executive engagement to ensure the Medical Council continues to meet best practices and legal requirements of their roles as set out in the Medical Practitioners Act 2007 and the Code of Practice for the Governance of State Bodies.

Categorisation of Risk by Ranking



Finance

The Finance department continued to manage the Council's financial resources in line with all legislative and governance requirements applying best practice to the governance of its financial affairs.

Reporting of the Council's financial resources was monitored through the budgeting process, monthly and quarterly management accounts, and ongoing forecasting. The Finance team worked with the Audit and Risk Committee to ensure the Council was fully informed throughout the year.

Core delivery elements for the function over 2023 were managing all internal procurement processes in the absence of a Procurement team, supporting key strategic projects, actioning two salary increases for all employees and pensioners throughout 2023 including backdating of adjustments under the Public Service Agreement "Building Momentum". The Finance team worked in collaboration with the Procurement and Legal teams in the tender process for the new Legal Services tender. In addition, the team contributed to a number of cross organisational projects including workforce planning project which resulted in sanction for additional posts.

The Finance unit has continued to implement all necessary changes in Public Sector circulars and legislation in relation to payroll, expenses, and financial transactions in a timely and efficient manner throughout 2023.

In line with the strategic objective of a revised organisational design, a detailed review of the structure of the Finance function was undertaken in 2023. This initiative led to the development of a business partnering model, which will enable the Finance team to provide greater support to the strategic business units within the organisation. The new model will be implemented in quarter one of 2024.

Audit

There were four Internal Audits commenced during 2023, they included a review of our Risk Management, the Procurement, Purchasing & Payments Processes, the Registration Income Process and the annual Internal Financial Control Review. The latter two audits will be completed in quarter one of 2024. Completed internal audit reports were brought to the Audit and Risk Committee ARC for approval and all recommendations will be reflected in the 2024 operational business plan and risk register where necessary. The Finance team collaborated with the Internal audit team and provided all documentation to the team through a secure network to ensure timely completion of all scheduled audits for 2023.

Procurement

The Procurement function of the Medical Council continues to be focused on delivering and improving the quality and efficiency of the services provided across the organisation.

Towards the end of 2023, the recruitment of the roles of Head of Procurement and Procurement Executive were successfully filled. The procurement function has responsibility for overseeing the development and management of procurement activities, ensuring the organisation is fully compliant with national and EU procurement procedures. During the year, a number of significant formal procurement procedures were completed and commenced.

The key procurements managed by the function were:

- Provision of Legal Services- the establishment of a multi-party framework
- Development of the Guidelines to Support the Implementation of the New Standards for Medical Education and Training
- Provision of Facilities Services
- Provision of Consultancy and Support Services in respect of Medical Council's Education and Training Outcomes
- Provision of General Recruitment Services
- Supply, Installation and Maintenance of an Integrated AV Solution.

Additionally, a number of informal procurement procedures took place which included the provision of:

- Coaching Services
- Planned, Prevention and Maintenance Services
- Building Contractor Services

Financial Statements

Council Members and Other Information

January - December 2023

President	Dr Suzanne Crowe	
Vice President	Dr Thomas Crotty (January- May 2023) Dr Mary Davoren (June -December 2023)	
Chief Executive Officer	Mr Leo Kearns	
Council	Dr Suzanne Crowe	Mr Ian Drennan
	Dr Thomas Crotty	Ms Teresa Bulfin
	Professor Paul Finucane	Mr John Murray
	Dr Anthony Breslin	Professor Joe McMenamin
	Professor Marina Lynch	Mr Jim O'Sullivan
	Ms. Vicky Blomfield	Mr John Gleeson
	Professor Morgan Crowe	Professor Mary O'Sullivan
	Dr Orla Kelly	Dr Margaret O'Riordan
	Professor John Hyland	Mr Ronan Quirke
	Mr Bill Maher	Ms Jill Long
	Dr Aoife Mullally	Mr Nauman Nabi
	Ms Joan Heffernan	Ms Marie Culliton
	Professor Edna Roche	Professor Deirdre Murphy
	Dr Michael McGloin	Dr Liqa ur Rehman
	Dr Mary Davoren	Mr Paul Harkin
	Ms Sinead Corcoran	
	Professor Ronan O'Connell	
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	Fieldfisher, The Capel Building, Mary's Abbey, Dublin 7	

Governance Statement and Council Members' Report

Governance

The Medical Council was established under the Medical Practitioners Act 2007. The functions of Council are set out in section 7 of this Act. The Council is accountable to the Minister for Health and is responsible for ensuring good governance and performs this task by setting strategic decisions on all key business issues. The regular day to day management, control and direction of the Medical Council is the responsibility of the Chief Executive Officer (CEO) and the Executive Leadership team. The CEO and the Executive Leadership team must follow the broad strategic direction set by the Council and must ensure that all Council members have a clear understanding of the key activities and decisions related to the entity, and of any significant risks likely to arise. The CEO acts as a direct liaison between the Council and management of the Medical Council.

Council Responsibilities

The work and responsibilities of the Council are set out in the Governance Framework and the Terms of Reference, which also contain the matters specifically reserved for Council decision. Standing items considered by the Council include:

- declaration of interests,
- reports from committees,
- financial reports/management accounts,
- performance reports, and
- reserved matters.

Section 32 of the Medical Practitioners Act 2007 requires the Council to keep, in such form as may be approved by the Minister for Health with consent of the Minister for Public Expenditure and Reform, all proper and usual accounts of money received and expended by it.

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 Medical Council will continue in operation, and
- 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 Medical 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 responsible for approving the annual plan and budget. An evaluation of the performance of the Medical Council by reference to the annual plan and budget was carried out in November 2023. The Council is also responsible for safeguarding the assets of the Medical Council and hence taking reasonable steps for the prevention of fraud and other irregularities.

The Council considers that the financial statements of the Medical Council give a true and fair view of the financial performance and the financial position of the Medical Council at 31st December 2023.

Governance Statement and Council Members' Report (continued)

Council Structure

The Council consists of a President, Vice President and twenty ordinary members, all of whom are appointed by the Minister for Health. The Council changeover took place in June 2023. There are currently three vacancies on the Council. The majority of members of the Council appointed were for five years however there are some members with three-year terms. The Council meets on a bi-monthly basis. The table below details the appointment period for current members:

Council Member	Role	Appointed	Reappointed	Resigned
Dr Suzanne Crowe	President	01/06/2021	01/06/2023	
Dr Tom Crotty	Vice President	01/06/2021		31/05/2023
Dr Mary Daveron	Vice President	14/06/2021	01/06/2023	
Professor Mary O'Sullivan	Ordinary Member	15/06/2018		
Ms Teresa Bulfin	Ordinary Member	15/06/2018	01/06/2021	
Mr John Gleeson	Ordinary Member	15/06/2018	01/06/2021	
Mr Paul Harkin	Ordinary Member	15/06/2018	01/06/2023	
Mr Jim O'Sullivan	Ordinary Member	15/06/2018	01/06/2021	
Mr John Murray	Ordinary Member	15/06/2018	01/06/2023	
Mr Ian Drennan	Ordinary Member	04/01/2021	01/06/2023	
Ms Jill Long	Ordinary Member	14/06/2021		
Ms Marie Culliton	Ordinary Member	27/08/2021		
Professor Joe McMenamin	Ordinary Member	01/06/2021		
Dr Margaret O'Riordan	Ordinary Member	01/06/2021		
Mr Ronan Quirke	Ordinary Member	14/06/2021		
Professor Edna Roche	Ordinary Member	01/06/2021		
Ms Sinead Corcoran	Ordinary Member	01/06/2023		
Mr Morgan Crowe	Ordinary Member	13/11/2023		
Professor Deirdre Murphy	Ordinary Member	01/06/2023		
Mr Nauman Nabi	Ordinary Member	01/06/2023		
Professor Ronan O'Connell	Ordinary Member	01/06/2023		
Dr Liqa Ur Rehman	Ordinary Member	01/06/2023		
Professor John Hyland	Ordinary Member			31/05/2023
Ms Aoife Mullally	Ordinary Member			31/05/2023
Dr Bill Maher	Ordinary Member			31/05/2023
Ms Marina Lynch	Ordinary Member			28/02/2023
Professor Paul Finucane	Ordinary Member			28/02/2023
Dr Anthony Breslin	Ordinary Member			31/05/2023
Ms. Vicky Blomfield	Ordinary Member			31/05/2023
Dr Orla Kelly	Ordinary Member			31/05/2023

The 2023-2026 Medical Council commenced its term in June 2023. A review of the Medical Council Committees was undertaken by the Council and were restructured in some cases to improve the effectiveness and efficiency of the Committees.

Governance Statement and Council Members' Report (continued)

The Medical Council has established eight Committees, as follows:

1. Audit & Risk Committee (ARC)

Five meetings held in 2023

The Audit, & Risk Committee is chaired by Mr Ian Drennan. The Committee is responsible for monitoring the integrity of the financial statements, reviewing the effectiveness of internal control and risk management systems of the Medical Council. The Committee is comprised of 7 members, 5 Council and 2 external members. There were 5 meetings of the ARC held in 2023.

2. Preliminary Proceedings Committee (PPC)

Ten meetings held in 2023

The Preliminary Proceedings Committee is established under Section 20(2) of the Medical Practitioners Act 2007 to give initial consideration to complaints against medical practitioners. The Preliminary Proceedings Committee is chaired by Mr John Gleeson. All meetings of the PPC were held remotely, taking place over two days, counting as one meeting. As of January 2023, there were 15 members on the PPC, 7 external members and 8 Council members. There were 11 new members recruited in 2023, 3 of whom were Council and 8 external members. There have been 3 resignations from the Committee in 2023, 1 Council member and 2 external members. As of November 2023, there were 25 members (9 Council and 16 external members).

3. Fitness to Practise Committee (FtPC)

Forty-Nine Inquiries held in 2023.

The Fitness to Practise Committee is established under section 20(2) of the Medical Practitioners Act 2007 to hold inquiries into complaints referred by the Preliminary Proceedings Committee. The Fitness to Practise Committee is chaired by Mr Paul Harkin. Inquiries are heard by a "Panel" which is made up of 3 members of the Fitness to Practise Committee, 2 non-medical members and 1 medical member with at least 1 of the members being a Council member. There was a total of 49 Inquiries held in 2023.

4. Registration and Continuing Practice Committee (RCPC)

Six meetings held in 2023

The purpose of the Registration and Continuing Practice Committee is twofold; to ensure effective establishment and maintenance of the register of medical practitioners and to ensure ongoing maintenance of professional competence of registered medical practitioners. The RCPC is assisted and supported by 3 sub-committees, the Performance Assessor Subcommittee, the Registration Adjudication Panel (RAP): and the Registration Review Board (RRB). The Committee is comprised of 10 members: 4 Council members (1 lay, 1 medical) and 6 Non-Council members. The Committee is Chaired by Ms Teresa Bulfin.

5. Education and Training Committee (ETC)

Seven meetings held in 2023

The purpose of the Education and Training Committee (ETC) is to develop, monitor, and evaluate Medical Council strategy with respect to medical education and training and practice of Anatomy. The ETC ensure a high-quality accreditation/inspection framework and effective processes for quality assurance and enhancement of Medical Education Training, recruiting and training Assessors, making decisions/ recommendations on findings of Assessor Teams, monitoring implementation of conditions and recommendations, and considering applications for recognition of new specialties and making recommendations to Council. The ETC was chaired by Professor Mary O'Sullivan up to July 2023, Professor Edna Roche was appointed as Chair in July 2023. The Committee is comprised of 6 Council members (2 of whom are Ex Officio) 1 former member of Council and 9 external members (2 of whom are Ex Officio). There were 7 meetings held in 2023 (5 Scheduled and 2 inductions) There are 16 committee members.

Governance Statement and Council Members' Report (continued)

6. Ethics and Professionalism Committee (EC)

Eleven meetings held in 2023

The Ethics Committee was established in April 2019 to specify standards of Ethics & Professionalism for registered medical practitioners; including the organisation, publication, maintenance and review of appropriate guidance on all matters related to professional conduct and ethics for registered medical practitioners; and to review and produce updates to the "Guide to Professional Conduct and Ethics for Registered Medical Practitioners" as required during each five-year term of office. A significant amount of work on drafting the "Guide to Professional Conduct and Ethics for Registered Medical Practitioners" occurred in 2022 and as such a mixture of regular committee meetings, drafting meetings, a targeted consultation and subgroup meetings occurred. At the start of 2023 there were 9 members of the Committee, 4 Council members and 5 external members. The Committee is chaired by Dr Suzanne Crowe.

7. Health Committee (HC)

Eight meetings held in 2023

The Health Committee's primary role is to monitor and support medical practitioners maintaining their registration during illness and/or disability. A relevant medical disability is defined at section 2 of the Medical Practitioners Act as a physical or mental disability of the practitioner (including addiction to alcohol or drugs) which may impair the practitioner's ability to practise medicine or a particular aspect thereof. Such medical practitioners may come to the attention of the Medical Council in a variety of ways, including self-referral; referral by a third party or referral from the Council.

The Committee reports to the Council and is made up of at least 2 general practitioners, at least 2 psychiatrists, 1 occupational health physician, 2 psychotherapists and 2 lay members. There were 8 plenary meetings of the Committee in 2023 with 88 review sessions held over the year. A review session between the 2 members of the Committee and the individual medical practitioners typically last about 1 hour. During the review session the Committee members will discuss the medical reports received from the medical practitioner's treating healthcare professionals and any other issues relevant to the medical practitioner's health that the members consider appropriate under the circumstances.

8. Monitoring Committee (MC)

Seven meetings held in 2023

The purpose of the Monitoring Committee is the monitoring of a practitioner's compliance with conditions attached to the retention of their name in the Register. Conditions can be attached to a registered medical practitioner's registration pursuant to sections 53(3) and/or 71(c) of the Medical Practitioners Act 2007.

The Committee also review a bank of conditions previously produced to assist the FTP Committee and Medical Council when attaching conditions to a registered medical practitioner's registration in order to ensure that conditions can be both met by the Practitioner and the Committee can confirm compliance.

Schedules of all Committee members, sub- committees and review groups is set out in an appendix to the Annual Report.

Governance Statement and Council Members' Report (continued)

Schedule of Attendance, Fees and Expenses

A schedule of attendance at the Council and Committee meetings for 2023 are set out in an appendix to the Annual Report while the fees and expenses received by each member is set out below:

Council Member	Allowance 2023	Expenses 2023
S Crowe (President)	-	4,748
T Crotty (Vice President, 31st May 2023)	-	-
M Davoren (Vice President, 1st June 2023)	-	-
V Blomfield	3,207	-
A Breslin	-	-
T Bulfin	7,696	1,818
S Corcoran	2,565	-
M Culliton	-	-
N Nabi	-	-
J Gleeson	7,696	-
P Finucane	-	-
J Heffernan	3,848	-
P Harkin	-	-
J Hyland	3,206	-
M Lynch	-	-
O Kelly	-	-
M McGloin	3,207	-
J Murray	7,696	2,274
B Maher	3,206	-
I Drennan	-	-
A Mullally	-	-
D Murphy	-	-
R O'Connell	3,848	-
M O'Sullivan	7,696	792
J O'Sullivan	7,696	-
J McMenamin	7,696	-
M O'Riordan	7,696	759
E Roche	-	-
L U Rehman	-	215
J Long	7,696	19
R Quirke	7,696	473
	92,351	**11,098**

There were fifteen members for the period January to December 2023 who did not receive a Council allowance in 2023 under the "One Person One Salary" (OPOS), principle" as listed above.

Governance Statement and Council Members' Report (continued)

Committee Member	Committee /Working Group Membership	Allowance 2023	Expenses 2023
D Ashe	Education & Training Committee, Education & Training Assessor	2,400	-
V Beatty	Fitness to Practice Committee	8,500	-
V Blomfield	Health Committee	3,900	-
A Bradbury	Fitness to Practice Committee	1,500	-
P Brady	Health Committee	3,300	-
K Bulbulia	Registration Continuing to Practice Committee, Registration Adjudication Panel, ETA	3,500	161
J Casey	Fitness to Practice Committee	6,400	87
A Clarke	Registration Continuing to Practice Committee	9,100	-
T Clarke	MC, Registration Adjudication Panel	5,100	-
L Conroy	Fitness to Practice Committee FTPC	9,000	727
M Culliton	Performance Assessment Committee	3,000	
M Davin-Power	Registration Review Panel	600	-
A Dawood	Fitness to Practice Committee	500	-
A Deane	Ethics Committee	4,700	
C Devins	Fitness to Practice Committee	6,000	486
L Doyle	Fitness to Practice Committee	500	-
P Eadie	Performance Assessment Committee	2,500	-
G Feeney	Education & Training Committee, Accreditation	13,800	265
P Fleming	Fitness to Practice Committee	2,000	201
D Forde	Performance Assessment Committee	3,000	132
A Gilliland	Education & Training Assessor, RP	15,350	309
M Hardiman	Reg Review Panel	300	-
AM Harney	Performance Assessment Committee	4,000	286
M Houston	Registration Continuing Practice Committee, Health Committee, Preliminary Proceedings Committee	8,100	69
J Horan	Performance Assessment Committee	500	-
P Hughes	Regulatory Review Committee	300	-
J Jenkins	Education & Training Committee, Education & Training Assessor	6,100	7,778
S Kealy	Preliminary Proceedings Committee	5,400	-
F Keeling	Registration Adjudication Panel	3,000	-
W Kennedy	Performance Assessment Committee	1,500	-
P Kelly	Registration Adjudication	2,100	-
H Khalil	Education & Training Assessor	6,500	391
G Knowles	Education & Training Committee	18,400	1,936
M Khan	Fitness to Practice Committee	-	1,074
G Kirwan	Health Committee	4,200	-
A Lane	Health Committee	2,400	-
V Larkin	Fitness to Practice Committee	9,500	-
B Lewis	Education & Training Assessor	5,250	699
C Mackie	Performance Assessment Committee	1,000	-
D Madden	Ethics Committee	-	301

Governance Statement and Council Members' Report (continued)

Committee Member	Committee /Working Group Membership	Allowance 2023	Expenses 2023
V Marchant	Preliminary Proceedings Committee	4,500	-
G May	Regulatory Review Panel	300	-
C Mc Crystal	Monitoring Committee, Fitness to Practice Committee	3,900	420
S McGovern	Fitness to Practice Committee	1,000	-
C McNicholas	Fitness to Practice Committee	2,000	-
D Mulcahy	Performance Assessment Committee	2,500	66
M Murphy	Health Committee	2,400	-
P Murphy	Registration Continuing Practice Committee	900	-
D Natusch	Education & Training Assessor	1,200	-
A Ni Riain	Monitoring Committee	12,200	-
J O'Connor	Audit & Risk Committee	600	-
D O'Connell	Health Committee	3,300	-
D O 'Donoghue	Fitness to Practice, Health Committee	5,500	-
S O'Gorman	Performance Assessment Committee	-	255
F O'Kelly	Preliminary Proceedings Committee	300	-
M O'Maoláin	Ethics Committee	2,100	-
S O'Malley	Performance Assessment Committee	2,000	116
M Owens	Performance Assessment	1,000	21
G Offiah	Education & Training Committee	2,400	-
P Plunkett	Fitness to Practice Committee	9,000	-
M Power	Fitness to Practice Committee	1,500	
N Quann	Performance Assessment Committee	4,000	6
A Quinlan	Preliminary Proceedings Committee	2,700	
E Renehan	Fitness to Practice Committee	2,000	352
A Sheehan	Registration Continuing Practice Committee, Preliminary Performance Committee, Monitoring Committee	4,700	-
A Sheridan	Registration Continuing Practice Committee	1,800	-
C Stuart	Fitness to Practice Committee, Health Committee	6,300	-
D Scully	Preliminary Proceedings Committee	2,700	-
P Treanor	Fitness to Practice Committee	3,000	185
W Jeffers	Performance Assessment Committee	2,500	
		271,500	**16,323**

There were 30 Committee members for the period January to December 2023 who did not receive an allowance under the "One Person One Salary" (OPOS) rule. There was one member of the Audit and Risk Committee who opted not to receive an allowance for their committee work.

Governance Statement and Council Members' Report (continued)

Key Personnel Changes

The Council launched a new Organisational Design in 2023, under the new Structure a new Executive Leadership team of six Executive Leaders was implemented. The new Leadership Team have responsibility for the Directorates of Regulatory Standards & Policy, Regulatory Operations & Support Services, Complaints & Investigations, Fitness to Practice, Finance, IT & Digital Transformation and Strategy & Business Services.

Disclosures Required by Code of Practice for the Governance of State Bodies (2016)

Council is responsible for ensuring that the Medical Council has complied with the requirements of the Code of Practice for the Governance of State Bodies ("the Code"), as published by the Department of Public Expenditure and Reform in August 2016. The following disclosures are required by the Code:

Employee Salary Breakdown

Employee salaries in excess of €60,000 as at the 31/12/2023 are categorised in the following bands:

Range of total employee benefits	Number of Employees	
From - To	2023	2022
€60,000 - €69,999	12	8
€70,000 - €79,999	16	8
€80,000 - €89,999	10	7
€90,000 - €99,999	5	4
€100,000 - €109,999	3	1
€110,000 - €119,999	3	5
€120,000 - €129,999	1	-
€130,000 - €139,999	0	-
€140,000 - €149,999	1	1

Consultancy Costs

Consultancy costs include the cost of external advice to management and exclude out-sourced 'business as usual' functions.

	2023	2022
	€	€
Business Consultancy	**1,183,335**	548,869
Communication fees	**1,230**	29,520
IT Consultancy fees	**65,740**	35,912
Legal Consultancy	**633,270**	615,445
Total Consultancy Costs	**1,883,575**	1,229,746

Governance Statement and Council Members' Report (continued)

Legal Costs and Settlements

The table below provides a breakdown of amounts recognised as expenditure in the reporting period in relation to legal costs.

	2023 €	2022 €
Legal Expenses		
Legal and professional	**949,125**	715,424
Part V (a) Inquiries	**3,891,027**	2,871,365
Part V (b) High Court & Supreme Court proceedings	**660,086**	852,024
Total	**5,500,238**	4,438,813

Council utilised the Office of Government Procurement's (OGP) Framework Agreement for the Provision of Legal Services to Public Sector Bodies (the OGP Framework) and ran mini competitions in accordance with the OGP's Framework rules in Q4 2023. The tender for both Lots was constructed to create a register of providers, the tender also incorporated a variety of pricing models to ensure Council obtain maximum economic advantage.

Hospitality Expenditure

The Income and Expenditure Account included the following hospitality expenditure:

	2023 €	2022 €
Staff hospitality	**12,179**	15,653
Committee hospitality	**4,643**	2,800
Total	**16,822**	18,453

Travel and Subsistence Expenditure

	2023 €	2022 €
Travel and subsistence expenditure is categorised as follows		
Staff - Domestic	**4,787**	1,362
Staff - International	**20,012**	1,407
Core Business	**73,856**	24,022
Total	**98,655**	26,791

Core business costs includes travel and subsistence costs for Council members in addition to witnesses and complainants.

Governance Statement and Council Members' Report (continued)

Statement of Compliance

The Council has adopted the Code of Practice for the Governance of State Bodies (2016) and has put procedures in place to ensure compliance with the Code. The Medical Council was in full compliance with the Code of Practice for the Governance of State Bodies for 2023.

Approved by the Council on and signed on its behalf by;

Dr. Suzanne Crowe
President

Dated: 24th July 2024

Mr. Leo Kearns
Chief Executive Officer

Statement on the Internal Control

Scope of Responsibility

On behalf of the Council, I acknowledge our responsibility for ensuring that an effective system of internal control is maintained and operated. This responsibility takes account of the requirements of the Code of Practice for the Governance of State Bodies (2016).

Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a tolerable level rather than to eliminate it. The system can therefore 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 way.

The system of internal control, which accords with guidance issued by the Department of Public Expenditure and Reform has been in place in the Medical Council for the year ended 31st December 2023 and up to the date of approval of the financial statements except for the five minor and one medium internal control weaknesses outlined in the internal audit of controls carried out in December 2023 noted below.

Capacity to Handle Risk

The Medical Council has an Audit & Risk Committee (ARC) comprising of five Council members and two external members, with financial and audit expertise, one of whom is the Chairperson Mr Ian Drennan. The ARC met five times in 2023.

In conjunction with Crowley's DFK, the Medical Council's internal auditors, the Council has developed a risk management policy which sets out its risk appetite, the risk management processes in place and details the roles and responsibilities of staff in relation to risk. Crowley's DFK have been contracted since 2021 for a 4-year term.

The policy has been issued to all staff who are expected to work within the Medical Council's risk management policies, to alert management on emerging risks and control weaknesses and assume responsibility for risks and controls within their own area of work.

Risk and Control Framework

The Medical Council has implemented a risk management system which identifies and reports key risks and the management actions being taken to address and, to the extent possible, to mitigate those risks.

A risk register is in place, managed by the Chief Risk Officer, which identifies the key risks facing the Medical Council and these have been identified, evaluated and graded according to their significance. The register is reviewed and updated by the ARC on a regular basis. The outcome of these assessments is used to plan and allocate resources to ensure risks are managed to an acceptable level.

The risk register details the controls and actions needed to mitigate risks and responsibility for operation of controls assigned to specific staff. I confirm that a control environment containing the following elements is in place:

- procedures for all key business processes have been documented,
- financial responsibilities have been assigned at management level with corresponding accountability,
- there is an appropriate budgeting system with an annual budget which is kept under review by senior management,
- there are systems aimed at ensuring the security of the information and communication technology systems,
- there are systems in place to safeguard assets.

Ongoing Monitoring and Review

Formal procedures have been established for monitoring control processes and control deficiencies are communicated to those responsible for taking corrective action and the management and Council, where relevant, in a timely way. I confirm that the following ongoing monitoring systems are in place:

- key risks and related controls have been identified and processes have been put in place to monitor the operation of those key controls and report any identified deficiencies,
- reporting arrangements have been established at all levels where responsibility for financial management has been assigned, and
- there are regular reviews by senior management of periodic and annual performance and financial reports which indicate performance against budgets/forecasts.

Statement on the Internal Control
(continued)

Procurement

I confirm that the Medical Council has procedures in place to ensure compliance with current procurement rules and guidelines and that during 2023 the Medical Council complied with those procedures. There were three instances where a derogation from the rules and guidelines were considered justifiable. This related to contracts for maintenance, cleaning and security. Using the Request for Quote (RFQ) procurement process, a one-year contract was put in place during 2023 for Planned Preventative Maintenance Services(PPM). The Medical Council are currently at the second stage of a tendering process for Facilities Management Services which will incorporate, cleaning, security and PPM services.

Recruitment services was managed in a noncompliance manner over 2023 due to the absence of a Procurement team. This has now been rectified and the newly established Procurement Team are currently in stage two of a procurement process.

The total value of these contracts was €609,000 consisting of the following expenditure;

- Maintenance €37,000
- Cleaning €54,000
- Security €26,000
- Recruitment Agency fees €492,000

Review of Effectiveness

I confirm that the Medical Council has procedures to monitor the effectiveness of its risk management and control procedures. The Medical Council's monitoring and review of the effectiveness of the system of internal control is informed by the work of the internal and external auditors, the Audit & Risk Committee which oversees their work, and the senior management within the Medical Council responsible for the development and maintenance of the internal control framework. I confirm that the Council conducted an annual review of the effectiveness of the internal controls in July 2024.

Internal Control Issues

No significant breaches occurred in 2023. A weakness in relation to Governance stewardship and oversight procedures in place was identified, this weakness was classified as a low rated risk. The weaknesses related to timely updating of the Council Code of Conduct, the Corporate Governance Framework of the Council, and the last self-assessment of the performance of the Council. Resourcing has impacted the completion of these processes in 2023 however the above items are incorporated into the 2024 business plan objective 'to enhance and develop governance models across the Medical Council.

Minor weaknesses in internal control were identified in relation to the Council's Banking and Financial Management processes. Capacity across the team impacted the completion of some items in 2023 however a new structure has been implemented in 2024 with the addition of additional resources to prevent any delays going forward.

Minor weaknesses in internal controls were identified in relation to the Council's ICT and Business Continuity controls. These weaknesses related to outdated policies and procedures, and gaps within the business continuity disaster policy in relation to recovery response timeframes and a requirement for testing. A review of the existing business continuity policy is scheduled for review in 2024 following approval and implementation of the policy regular business continuity and disaster recovery testing will be performed. Any issues or any corrective actions required will be reported internally and to Council as appropriate.

Signed on behalf of the Medical Council

Dr. Suzanne Crowe
President

Dated: 24th July 2024

Auditor General

Ard Reachtaire Cuntas agus Ciste
Comptroller and Auditor General

Report for presentation to the Houses of the Oireachtas

The Medical Council

Opinion on the financial statements

I have audited the financial statements of the Medical Council for the year ended 31 December 2023 as required under the provisions of section 32 of 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, including a summary of significant accounting policies.

In my opinion, the financial statements give a true and fair view of the assets, liabilities and financial position of the Medical Council at 31 December 2023 and of its income and expenditure for 2023 in accordance with Financial Reporting Standard (FRS) 102 — *The Financial Reporting Standard applicable in the UK and the Republic of Ireland*.

Basis of opinion

I conducted my audit of the financial statements in accordance with the International Standards on Auditing (ISAs) as promulgated by the International Organisation of Supreme Audit Institutions. My responsibilities under those standards are described in the appendix to this report. I am independent of the Medical Council and have fulfilled my other ethical responsibilities in accordance with the standards.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Report on information other than the financial statements, and on other matters

The Medical Council has presented certain other information together with the financial statements. This comprises the annual report, including the governance statement and Council members' report, and the statement on internal control. My responsibilities to report in relation to such information, and on certain other matters upon which I report by exception, are described in the appendix to this report.

Non-compliant procurement

The statement on internal control discloses that in 2023 the Medical Council incurred significant expenditure where the procedures followed did not comply with public procurement guidelines.

Seamus McCarthy.

Seamus McCarthy
Comptroller and Auditor General

31 July 2024

Auditor General

Appendix to the report

Responsibilities of Medical Council members

As detailed in the governance statement and Council members' report, the Council members are responsible for

- the preparation of annual financial statements in the form prescribed under section 32 of the Medical Practitioners Act 2007
- ensuring that the financial statements give a true and fair view in accordance with FRS102
- ensuring the regularity of transactions
- assessing whether the use of the going concern basis of accounting is appropriate, and
- such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Responsibilities of the Comptroller and Auditor General

I am required under section 32 of the Medical Practitioners Act 2007 to audit the financial statements of the Medical Council and to report thereon to the Houses of the Oireachtas.

My objective in carrying out the audit is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement due to fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with the ISAs, I exercise professional judgment and maintain professional scepticism throughout the audit. In doing so,

- I identify and assess the risks of material misstatement of the financial statements whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- I obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal controls.
- I evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures.
- I conclude on the appropriateness of the use of the going concern basis of accounting and, based on the audit evidence obtained, on whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Medical Council's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my report. However, future events or conditions may cause the Medical Council to cease to continue as a going concern.
- I evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

I report by exception if, in my opinion,

- I have not received all the information and explanations I required for my audit, or
- the accounting records were not sufficient to permit the financial statements to be readily and properly audited, or
- the financial statements are not in agreement with the accounting records.

Information other than the financial statements

My opinion on the financial statements does not cover the other information presented with those statements, and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, I am required under the ISAs to read the other information presented and, in doing so, consider whether the other information is materially inconsistent with the financial statements or with knowledge obtained during the audit, or if it otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

Reporting on other matters

My audit is conducted by reference to the special considerations which attach to State bodies in relation to their management and operation. I report if I identify material matters relating to the manner in which public business has been conducted.

I seek to obtain evidence about the regularity of financial transactions in the course of audit. I report if I identify any material instance where public money has not been applied for the purposes intended or where transactions did not conform to the authorities governing them.

Statement of Income and Expenditure and Retained Revenue Reserves

for the year ended 31st December 2023

	Notes	2023	2022
		€	€
Income			
Retention fees	2	**13,894,640**	13,013,620
Registration fees	2	**4,228,300**	3,476,495
Miscellaneous income	2	**396,536**	376,558
Total income		**18,519,476**	16,866,673
Expenditure			
Wages and salaries	3	**8,912,600**	6,614,340
Retirement benefit costs	3	**1,316,860**	1,643,217
Council and meeting expenses		**456,964**	326,408
Staff recruitment, training and education		**701,074**	261,953
Rent and rates		**1,168,433**	1,494,714
General administration	4	**1,607,312**	1,086,250
Legal expenses		**5,500,238**	4,438,813
Consultancy and other professional fees		**1,883,575**	1,229,746
Finance charges		**231,172**	140,005
Audit fees		**26,400**	26,400
Advertising & media monitoring		**46,584**	15,490
Loss / (Gain) on asset disposals		**35,635**	(726)
Depreciation	6	**511,321**	372,082
Total Expenditure		**(22,398,168)**	(17,648,692)
Operating (Deficit)/Surplus		**(3,878,692)**	(782,019)
Fair value movement in financial assets	7	**2,700,496**	(4,314,361)
Interest payable/receivable		**-**	-
Investment income		**55,094**	40,445
(Deficit)/Surplus for the year	11	**(1,123,102)**	(5,055,935)
Transfer from / (to) pension reserve	11	**636,000**	710,000
Balance Brought Forward at 1st January		**39,112,318**	43,458,253
Balance Carried Forward at 31st December		**38,625,216**	39,112,318

The Statement of Cash Flows and Notes on pages 61 - 73 form part of the financial statements.

Approved by the Council on and signed on its behalf by;

Dr. Suzanne Crowe
President

Mr. Leo Kearns
Chief Executive Officer

Dated: 24th July 2024

Statement of Comprehensive Income

for the year ended 31st December 2023

	Notes	2023 €	2022 €
(Deficit)/Surplus for the year		**(1,123,102)**	(5,055,935)
Experience (loss) / gain on retirement benefit obligations		**(179,000)**	(411,000)
Change in assumptions underlying the present value of retirement benefit obligation	**10 (b)**	**(1,427,000)**	10,990,000
Change in demographic assumptions	**10 (b)**	**-**	(332,000)
Adjustment to deferred retirement benefit funding	**10 (b)**	**332,000**	1,482,000
Total comprehensive income for the year		**(2,397,102)**	6,673,065

The Statement of Cash Flows and Notes on pages 61 - 73 form part of the financial statements.

Approved by Council on and signed on its behalf:

Dr. Suzanne Crowe
President

Mr. Leo Kearns
Chief Executive Officer

Dated: 24th July 2024

Statement of Financial Position

for the year ended 31st December 2023

	Notes	2023	2022
		€	€
Non-Current Assets			
Property, plant and equipment	**6**	**4,476,913**	1,462,184
Financial assets	**7**	**39,414,668**	39,743,210
		43,891,581	41,205,394
Current Assets			
Receivables	**8**	**1,455,154**	3,712,549
Cash and cash equivalents		**4,428,978**	5,413,568
		5,884,132	9,126,117
Current Liabilities (amounts falling due within one year)			
Payables	**9**	**(11,130,698)**	(11,199,394)
Net Current Assets		**(5,246,566)**	(2,073,277)
Total Assets less Current Liabilities (before retirement benefits)		**38,645,015**	39,132,117
Deferred funding asset for pensions	**10 (b)**	**3,662,000**	2,525,000
Retirement benefit obligations	**10 (b)**	**(23,610,000)**	(20,563,000)
Net Assets		**18,697,015**	21,094,117
Representing			
Retained revenue reserves	**11**	**38,645,015**	39,132,117
Retirement benefit reserve	**11**	**(19,948,000)**	(18,038,000)
Total		**18,697,015**	21,094,117

The Statement of Cash Flows and Notes on pages 61 - 73 form part of the financial statements.

Approved by the Council on and signed on its behalf by

Dr. Suzanne Crowe
President

Mr. Leo Kearns
Chief Executive Officer

Dated: 24th July 2024

Statement of Cash Flows

for the year ended 31st December 2023

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

	2023	2022
	€	€
Net Cash Flows from Operating Activities		
Excess Income over expenditure	**(1,123,102)**	(5,055,935)
Net deferred funding for pensions	**(805,000)**	(603,000)
Depreciation and impairment of PPE	**511,321**	372,082
Loss on disposals of assets	**35,635**	(726)
Decrease / (increase) in receivables	**2,257,395**	(2,242,592)
Interest received	**-**	-
Increase / (decrease) in payables	**(68,696)**	2,281,555
Increase / (decrease) in retirement benefits charge	**1,441,000**	1,313,000
Receipts from investment portfolio	**(55,094)**	(40,445)
Payments of portfolio management fee	**84,132**	-
Fair value movement in financial assets	**(2,700,496)**	4,314,361
Net Cash Inflow from Operating Activities	**(422,905)**	338,300
Cash Flows from Investing Activities		
Interest received	**-**	-
Interest Expense	**-**	-
Payments to acquire property, plant & equipment	**(3,562,039)**	(320,860)
Investment drawdown	**3,000,000**	800,000
Proceeds for asset disposal	**354**	1,895
Net Cash Flows from Investing Activities	**(561,685)**	481,035
Net increase/decrease in cash and cash equivalents	**(984,590)**	819,335
Cash and cash equivalents at 1st January	**5,413,568**	4,594,233
Cash and cash equivalents at 31st December	**4,428,978**	5,413,568

Notes to the Financial Statements

for the year ended 31st December 2023

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 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 have been properly prepared in accordance with Generally Accepted Accounting Practice in Ireland (accounting standards issued by the Financial Reporting Council of the UK, including FRS 102 "the Financial Reporting Standard applicable in the UK and the Republic of Ireland").

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 2023 no freehold premises were held on the Asset Register.

It is the policy of the Medical Council to revalue its artwork fixed assets every 5 years. A valuation was performed in 2019, the current market value of listed artwork has been reflected in the Financial statements. 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.

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 Revenue 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 and is underpinned by the Medical Council's Investment policy.

Notes to the Financial Statements (continued)

for the year ended 31st December 2023

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 Statement of Financial Position 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 Revenue 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.

The retirement benefit charge to the SIERR is retirement benefits earned by employees in the period, current service costs and interest costs and are shown net of staff retirement benefit contributions which are retained by the Medical Council.

Actuarial gains and losses arise from changes in actuarial assumptions and from experience surpluses and deficits and are recognised in the Statement of 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.

Notes to the Financial Statements

for the year ended 31st December 2023

k) Receivables

Trade receivables are recorded at fee level determined by Council in accordance with Section 36 of the Medical Practitioners 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 assets 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 Director of Finance 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.

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.

Notes to the Financial Statements (continued)

for the year ended 31st December 2023

2. Income

Income items are made up as follows:

	2023 €	2022 €
Retention fees		
Annual retention fee payable by Doctors to retain their Registration on the Medical Register	**13,894,640**	13,013,620
Registration fees		
Internship	**279,250**	270,075
General registration	**3,720,210**	2,986,490
Restoration to General Register of Medical Practitioners	**80,670**	79,910
Specialist registration fees	**148,170**	140,020
	4,228,300	3,476,495
Miscellaneous income		
Service fees	**22,960**	18,035
Accreditation fees	**-**	-
Examinations	**77,535**	66,015
Certificate of good standing	**214,422**	218,348
Late payment fee	**(50)**	50
Legal costs recovered	**100**	3,400
Other	**81,569**	70,710
	396,536	376,558

3. Employees and Remuneration

	2023 €	2022 €
The staff costs are comprised of:		
Wages and salaries	**8,193,827**	6,073,506
Social welfare costs	**718,773**	540,833
	8,912,600	6,614,339
Retirement benefit costs (Note 10a)	**1,316,860**	1,643,217
	10,229,460	8,257,556

Included within Wages and Salaries expenditure is €149,920 reimbursement salary costs to Children's Health Ireland for the current President's salary.

Notes to the Financial Statements

for the year ended 31st December 2023

3.1 Pension-related deductions

	2023 €	2022 €
Pension-related deductions	**136,176**	117,450
Amount due to the Department at year-end.	**12,781**	9,531

3.2 Bonus payments

No Bonus payments were made to staff during 2023 or 2022.

3.3 Aggregate Employee Salary costs

	Salary Costs	Termination benefits	Post-employment benefits	Other
Aggregate employee salary	6,698,816	-	-	-
Key management personnel	850,154	-	-	-

	2023	2022		
Chief Executive Officer	145,532	140,570	-	-

The gross salary paid to the CEO includes an adjustment in line with requirements specified under the Haddington Road Agreement. The pension entitlements of the Chief Executive Officer do not extend beyond the pension entitlements in the public sector defined benefit superannuation scheme.

3.4 Number of employees

The average number of persons employed during the year 2023 was 117 and during the year 2022 was 98.

4. Expenditure

Expenditure items are made up as follows:

	2023 €	2022 €
General Administration		
Insurance	**120,399**	108,672
Light and heat	**94,972**	69,478
Repairs and maintenance	**65,981**	58,392
Printing, postage and stationery	**38,757**	35,185
File administration and storage	**40,723**	30,051
Telephone and broadband charges	**56,350**	67,005
Computer costs	**804,097**	507,218
Caretaking and cleaning	**54,263**	38,919
Security	**25,577**	11,857
Accreditations	**89,416**	69,239
Research	**62,426**	7,123
General expenses	**137,905**	56,947
Internal Audit	**16,446**	26,164
	1,607,312	1,086,250

Notes to the Financial Statements (continued)

for the year ended 31st December 2023

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

Cost	Buildings & Leasehold Improvements	Office Equipment	Fixtures and Fittings	Computer Equipment	Total
	€	€	€	€	€
As at 1st January 2023	1,982,896	25,014	1,231,814	1,999,674	5,239,398
Additions	3,313,291	-	37,364	211,384	3,562,039
Disposal	(46,714)	-	(15,547)	(608)	(62,869)
At 31st December 2023	5,249,473	25,014	1,253,631	2,210,450	8,738,568
Accumulated Depreciation					
As at 1st January 2023	1,024,992	19,342	1,155,518	1,577,362	3,777,214
Charge for the year	217,175	1,598	9,442	283,106	511,321
Disposals	(14,484)	-	(12,075)	(321)	(26,880)
At 31st December 2023	1,227,683	20,940	1,152,885	1,860,147	4,261,655
Net book value					
At 31st December 2023	4,021,790	4,074	100,746	350,303	4,476,913
At 31st December 2022	957,904	5,672	76,296	422,312	1,462,184

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 value of €2,668 following valuation in 2019. The artwork valuation was provided by Adam's Fine Art and Auctioneers.

Notes to the Financial Statements

for the year ended 31st December 2023

6.1 Property, Plant & Equipment Prior Year

Cost	Buildings & Leasehold Improvements €	Office Equipment €	Fixtures and Fittings €	Computer Equipment €	Total €
As at 1st January 2022	1,982,896	25,014	1,207,358	1,709,826	4,925,094
Additions	-	-	29,880	290,980	320,860
Work in Progress	-	-	-	-	-
Disposal	-	-	(5,424)	(1,132)	(6,556)
At 31st December 2022	1,982,896	25,014	1,231,814	1,999,674	5,239,398
Accumulated Depreciation					
As at 1st January 2022	928,765	17,423	1,145,371	1,318,957	3,410,516
Charge for the year	96,227	1,919	14,494	259,442	372,082
Disposals	-	-	(4,347)	(1,037)	(5,384)
At 31st December 2022	1,024,992	19,342	1,155,518	1,577,362	3,777,214
Net book value					
At 31st December 2022	957,904	5,672	76,296	422,312	1,462,184
At 31st December 2021	1,054,131	7,591	61,987	390,869	1,514,578

7. Financial Assets

	2023 €	2022 €
Fair Value		
At 1st January	**39,743,210**	44,817,126
Investment Drawdown	**(3,000,000)**	(800,000)
Fair value movement in financial assets	**2,700,496**	(4,314,361)
Investment income	**55,094**	40,445
Management fee	**(84,132)**	-
Interest income/(expenditure)		
Funds To/(From) Portfolio	**-**	-
At 31st December	**39,414,668**	39,743,210

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. With reference to Note 1(e), the investments are underpinned by the Medical Council's investment policy which is available on the Medical Council's website.

Notes to the Financial Statements (continued)

for the year ended 31st December 2023

8. Receivables

	2023 €	2022 €
Prepayments	**972,909**	3,480,524
Trade receivables	**482,984**	230,167
Sundry receivables	**(739)**	1,858
	1,455,154	3,712,549

Included in prepayments is an amount of €363,150 (2022: €403,500) being the balance of an upfront rent payment of €807,000 on the Kingram House property paid 11th March 2008. This is being written off over the remaining years of the lease.

9. Payables

	2023 €	2022 €
Amounts falling due within one year		
Trade payables and accruals	**1,835,489**	2,577,196
Taxation	**280,159**	357,242
Deferred income - retention fees	**7,148,923**	6,753,573
Deferred income- HSE Funding	**200,000**	-
Provision for legal costs	**1,372,000**	975,000
Bequest to charity / research	**294,127**	536,383
	11,130,698	11,199,394

Movement in legal provision:		
Legal provision at 1st January	**975,000**	350,000
Utilised in 2023	**(261,000)**	(150,000)
Provided for in 2023	**658,000**	775,000
	1,372,000	975,000

The Deferred income figure of €7.1m reflects retention fee income received in 2023 which pertains to a portion of 2024, this figure was €6.7m in 2022.

Notes to the Financial Statements

for the year ended 31st December 2023

10. Retirement Benefit Costs

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

	2023 €	2022 €
Medical Council defined benefit scheme		
Current service costs	**442,000**	933,000
Interest Pension Costs	**642,000**	310,000
Employee contributions	**(404,273)**	(97,377)
	679,727	1,145,623
Single public sector scheme		
Current Service Cost	**714,000**	562,000
Interest Pension Costs	**91,000**	41,000
Deferred retirement benefit funding	**(805,000)**	(603,000)
Employer Contribution	**637,133**	497,594
	637,133	497,594

As detailed in the accounting policy above, the Medical Council operates a closed defined benefit pension scheme and for employees joining after the 1st of January 2013 the single public sector scheme.

Total retirement benefit cost **€1,316,860**

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 €637,133 represents the Medical Councils employer contributions to the Single Public Service Pensions scheme for the period 1st January 2023 to 31st December 2023.This liability has been remitted to the Department of Public Expenditure NDP Delivery and Reform.

In addition, employee contributions by SPSPS members amounted to €212,378 in 2023 and were remitted to the Department of Public Expenditure NDP Delivery and Reform.

Notes to the Financial Statements (continued)

for the year ended 31st December 2023

b. Movement in net retirement benefit obligations

	2023 €	2022 €
Net retirement benefit obligations at 1st January	**20,563,000**	29,497,000
Current service cost	**1,156,000**	1,595,000
Interest costs	**733,000**	251,000
Actuarial loss/(gain)	**1,606,000**	(10,247,000)
Retirement benefits paid in the year	**(448,000)**	(533,000)
Medical Council defined benefit scheme Total	**23,610,000**	20,563,000
Medical Council defined benefit scheme	**19,948,000**	18,038,000
Single Public Sector Pension Scheme	**3,662,000**	2,525,000
Net retirement benefit obligations at 31st December	**23,610,000**	20,563,000

Single Public Sector Pension Scheme Deferred Funding

The deferred funding asset of the Single Public Pension Scheme increased by €1,137,000 from 2022 to 2023, €805,0000 of the deferred funding asset is included within retirement benefit costs in the Statement of Income and Expenditure and Retained Reserves, the remaining €332,000 has been accounted for through the Statement of Comprehensive Income as per the provisions of Section 44 of the Public Service Pensions (Single Scheme and other Provisions) Act 2012.

c. History of defined benefit obligations

	2023 €'000	2022 €'000	2021 €'000	2020 €'000	2019 €'000	2018 €'000
Defined benefit obligations	**23,610**	**20,563**	29,497	28,437	24,031	20,797
Experience losses / (gains) on defined benefit scheme obligations	**1,274**	**8,765**	800	2,827	1,796	592
Percentage of scheme liabilities	**-5.4%**	**-42.6%**	-2.7%	-9.9%	-7.5%	-2.8%

d. General description of the scheme

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

The results set out below are based on an actuarial valuation of the retirement benefit obligations in respect of serving and retired staff of the Council as at 31st December 2023. 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).

	2023	2022
Rate of increase in salaries	**3.35%**	3.5%
Rate of increase in retirement benefits in payment	**2.85%**	2.5%
Discount rate	**3.15%**	3.6%
Inflation rate	**2.35%**	2.5%

Notes to the Financial Statements

for the year ended 31st December 2023

d. General description of the scheme (continued)

Mortality basis:

	%
Males	58% ILT 15M
Females	62% ILT 15F

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

	2023	2022
Male aged 65	22.1 years	24.3 years
Female aged 65	24.4 years	26.4 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 2023.

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.

11. Reserves

	Retirement Benefit Reserve	Retained Reserves	Total
	€	€	€
At 1st January 2023	**(18,038,000)**	**39,132,117**	**21,094,117**
Surplus for the year	**-**	**(1,123,102)**	**(1,123,102)**
Actuarial gain for the year	**(1,274,000)**	**-**	**(1,274,000)**
Transfer to retirement benefits reserve	**(636,000)**	**(636,000)**	**-**
At 31st December 2023	**(19,948,000)**	**38,645,015**	**18,697,015**

The retirement benefits reserve relates to the Medical Council's defined benefit scheme and represents the cumulative cost of retirement benefits less amounts paid out to date. The transfer of €636,000 in the year represents the difference between the full cost of retirement benefits recognised in the Statement of Income and Expenditure and Revenue Reserves Account relating to the Council's scheme of €1,084,000 and the benefits paid out in the year of €448,000.

Notes to the Financial Statements (continued)

for the year ended 31st December 2023

12. 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 2023 the Medical Council had the following future minimum lease payments under non-cancellable operating leases for each of the following periods:

	2023 €	2022 €
Payable within one year	827,500	827,500
Payable within two to five years	2,482,500	3,310,000
Payable after five years	3,310,000	4,137,500
	6,620,000	8,275,000

Operating lease payments recognised as an expense were €827,500 (2022: €827,500).

13. Contingent Liabilities

A number of High Court proceedings have been taken against the Medical Council. The Council is vigorously defending the proceedings and is satisfied that they will not be successful and has provided for any liability arising thereon. Council's costs in relation to defending the proceedings have been provided for in note 9.

14. Approval of Financial Statements

The financial statements were approved by the Council on 24th July 2024.

Appendices

Appendix A

Council Meetings, January 1st – December 31st 2023

Council Meetings 2023	Total Number of Meetings
Council Meetings - Governance	5
Council Meetings - Regulatory	11
Extraordinary Council Meetings (including Circulation of Papers)	29
Total	**45**

Council Member	Governance Meetings	Regulatory Meetings	Extraordinary Meetings	Total
Dr Suzanne Crowe[2] (President)	5	9	15	**29**
Dr Thomas Crotty[1] (Vice President)	0	2	6	**8**
Dr Mary Davoren[2] (Vice President)	5	9	7	**21**
Dr Anthony Breslin[1]	1	3	1	**5**
Ms Vicky Blomfield[1]	2	5	5	**12**
Ms Teresa Bulfin	5	9	8	**22**
Ms Sinead Corcoran[2]	0	4	1	**5**
Ms Marie Culliton	4	10	16	**30**
Dr Morgan Crowe[5]	1	1	0	**2**
Mr Ian Drennan	1	3	4	**9**
Professor Paul Finucane[7]	0	1	0	**1**
Mr John Gleeson	5	8	13	**25**
Ms Catherine Godson[4]	0	0	0	**0**
Mr Paul Harkin	5	11	13	**29**
Ms Joan Heffernan[2,6]	2	5	4	**11**
Professor John Hyland[1]	0	3	1	**4**
Dr Orla Kelly[1]	1	4	1	**6**
Ms Jill Long	5	8	6	**19**
Professor Marina Lynch[3]	0	0	0	**0**
Mr Bill Maher[1]	0	4	1	**5**
Dr Michael McGloin[1]	2	3	3	**8**
Professor Joe McMenamin	1	5	10	**16**
Dr Aoife Mullally[1]	2	3	1	**6**
Professor Deirdre Murphy[2]	2	4	6	**12**
Mr John Murray	4	7	13	**24**
Mr Nauman Nabi[2]	2	3	3	**8**
Professor Ronan O'Connell	3	6	1	**10**
Dr Margaret O'Riordan	4	9	9	**22**
Mr Jim O'Sullivan	5	11	10	**26**
Professor Mary O'Sullivan[2]	5	7	9	**21**
Mr Ronan Quirke	3	8	6	**17**
Professor Edna Roche	4	2	3	**7**
Dr Liqa Ur Rehman[2]	2	4	5	**11**

1 Council Members whose terms ended on 31st May 2023
2 Council Members whose terms began on 1st June 2023
3 Resigned 24th Feb 2023
4 Appointed 24th May 2023, resigned 24th October 2023
5 Appointed 13th November 2023
6 Resigned 30th November 2023
7 Resigned March 2023

Committees

Audit and Risk Committee

Five meetings held in 2023

The Audit & Risk Committee is chaired by Mr Ian Drennan. The Committee is responsible for monitoring the integrity of the financial statements, reviewing the effectiveness of internal control and risk management systems and leading on the financial development of the Medical Council. The Committee comprised of seven Council members and two external members up to the 30th June. The Committee is now comprised of five Council members and two external members. There were five meetings held in total in 2023. All meetings were held virtually.

Committee Member	No of meetings attended
Mr Ian Drennan (Chairperson)	5
Dr Tom Crotty (term ended 30th June)	1
Dr Suzanne Crowe (term ended 30th June)	2
Dr Orla Kelly (term ended 30th June)	3
Ms Joan O'Connor (term ended 30th June)	2
Dr Donal O'Connor	2
Mr Jim O'Sullivan	5
Dr Edna Roche	3
Ms. Ginny Hanrahan	2
Ms. Joan Heffernan	1
Professor Ronan O'Connell	2

Education, Training and Professional Development Committee / Education and Training Committee

Five meetings held in 2023

The Council established an Education and Training Committee (ETC) to support the Council in quality assuring medical education and training in Ireland so that patients can be assured that doctors are adequately prepared to provide good quality care to patients. This is in keeping with section 20(3) of the Act which provides for the establishment of an Education and Training Committee of the Council. The Committee is chaired by Professor Edna Roche.

There were two terms over 2023 for the ETC. The first one ended on 30th May, and the second one began on the 11th July. The Committee also reduced in size from 16 members to 9 members. There were three meetings in the first term, and two meetings in the second term.

Committee Member	No of meetings attended
Professor Edna Roche[1] (Chair)	5 of 5
Professor Mary O'Sullivan[2] (Vice Chair)	5 of 5
Dr Gozie Offiah	5 of 5
Mr Graham Knowles	5 of 5
Dr Sinead Murphy	4 of 5
Dr Daniel Creegan[3]	2 of 2
Dr Mary Davoren[3]	1 of 2
Professor Dara Byrne[3]	1 of 2
Dr Liqa Ur Rehman[3]	1 of 2
Mr Declan Ashe[4]	3 of 3
Dr John Barragry[4]	2 of 3
Dr Deirdre Bennett[4]	3 of 3
Dr Tom Crotty[4]	2 of 3
Professor John Jenkins[4]	3 of 3
Professor Brendan Loftus[4]	3 of 3
Dr Aoife Mullally[4]	3 of 3
Ms Teresa Bulfin[4]	2 of 3
Professor Oscar Traynor[4]	3 of 3
Dr Suzanne Crowe[4]	1 of 3
Dr Jennifer Finnegan[4]	1 of 3

1 Chair since 11th July 2023. Previously Vice-Chair until 30th May 2023
2 Vice Chair since 11th July 2023. Previously Chair until 30th May 2023
3 Joined the Committee 11th July 2023
4 Left the Committee on 30 May 2023

Registration and Continuing Practice Committee

Six meetings held in 2023

The Registration and Continuing Practice Committee was established to ensure the effective establishment and maintenance of the register of medical practitioners and the ongoing maintenance of professional competence of registered doctors. The Committee carries out it functions through the development of policies and procedures: monitoring of performance: acting as final decision maker in respect of non-standard applications for registration and has oversight and enforcement of registrants' duty to maintain professional competence.

Committee Members	No of meetings attended
Ms Teresa Bulfin - Chair	6
Mr Patrick Murphy	5
Dr Sinead O'Gorman	6
Dr Anna Clarke	5
Dr Anthony Breslin[2]	2
Mr John Gleesson[2]	2
Dr Joe Hennessy[2]	3
Ms Katharine Bulbulia[2]	2
Dr Muiris Houston[2]	2
Professor Paul Finucane[3]	1
Ms Ann Sheehan[1]	2
Ms Avril Sheridan[1]	3
Dr Eslam Ramadan[1]	2
Dr David Honan[1]	3
Dr John Jenkins[1]	3

1 Joined Committee in July 2023

2 Completed term in July 2023

3 Resigned January 2023

Registration Adjudication Panel

Ten meetings held in 2023

The Registration Adjudication Panel was established to consider non-standard applications for registration. The Panel makes decisions with respect to applications where a disciplinary, legal or health issue is disclosed and applications for specialist registration for which a negative recommendation is received from an assessment by a postgraduate training body. The Panel has the authority to grant registration or refuse registration subject to an appeal.

The Panel meets regularly throughout the year and there were ten meetings in 2023.

Committee Members	No of meetings attended
Ms Katharine Bulbulia	10
Mr John Murray	9
Professor Tom Clarke	9
Dr Frank Keeling	10
Dr Helen Hynes	10
Dr Joseph O'Connor	10
Dr Peter Kelly	7

Ethics Committee

Eleven meetings held in 2023

The Ethics Committee was established to specify standards of Ethics & Professionalism for registered medical practitioners; including the organisation, publication, maintenance and review of appropriate guidance on all matters related to professional conduct and ethics for registered medical practitioners; and to review and produce updates to the *"Guide to Professional Conduct and Ethics for Registered Medical Practitioners"* as required during each five-year term of office. The committee met on 11 occasions during 2023 with 11 of these being focused on drafting of the updated Guide to Professional Conduct and Ethics for Registered Medical Practitioners. The Guide was approved by Council in 2023 for commencement in January 2024.

Committee Members	No of meetings attended
Dr Suzanne Crowe	9
Mr John Gleeson	11
Ms Audry Deane	8
Dr Máirtín Ó Maoláin	6
Dr Anne Phelan	8
Dr Patrick Devitt	0
Professor Deirdre Madden	10
Mr John Murray	8
Dr Margaret O'Riordan	10

Health Committee

Eight meetings held in 2023

The Health Committee's primary role is to monitor and support medical practitioners maintain their registration during illness and/or disability.

There were eight plenary meetings of the Committee in 2023, with all but one conducted via Zoom.

Committee members	No of meetings attended
Ms Jill Long[1] (Chair)	7
Dr Michael McGloin[2] (Chair)	7
Ms Cornelia Stuart	6
Ms Gloria Kirwan	8
Dr David O'Connell	5
Dr Grainne McNally	8
Dr John Casey[3]	3
Dr Suzanne Crowe[3]	1
Dr Mary Davoren[3]	2
Ms Vicky Blomfield[3]	3
Mr Patsy Brady[4]	2
Dr Eamon Keenan[4]	4
Dr Abbie Lane[4]	2
Dr Ailis Ni Riain[5]	1
Dr Mark Murphy[6]	3
Dr Muiris Houston[7]	5

1 Ms Jill Long (Chaired meeting 4 – 8) term started 11th July 2023

2 Dr Micheal McGloin (Chaired meeting 1 – 4) term ended 11th July 2023

3 Term began 11th July 2023

4 Term ended 11th July 2023

5 Resigned March 2023

6 Resigned June 2023

7 Resigned December 2023

Fitness to Practise Committee

The Fitness to Practise Committee is established under section 20(2) of the Medical Practitioners Act 2007 to hold inquiries into complaints.

Committee member	Attendance for FTP Inquiries/Callovers; Meetings and Training
Mr Paul Harkin (Chair)	41
Mr Ian Drennan	-
Ms Jill Long	10
Jim O'Sullivan	3
Professor Mary O'Sullivan	6
Ms Vicky Blomfield	-
Mr Ronan A Quirke	5
Ms Marie Culliton	15
Professor Joe McMenamin	11
Dr Michael McGloin	5
Dr Anthony Breslin	-
Dr Orla Kelly	1
Professor John Hyland	-
Ms Valerie Beatty	24
Ms Anne Carrigy	1
Mr Fergus Clancy	-
Ms Mary Caroline Devins	16
Mr Peter Fleming	4
Mr Stephen McGovern	2
Ms Marie Kehoe-O'Sullivan	-
Ms Veronica Larkin	24
Ms Celine Neary	-
Ms Anne Pardy	7
Mr Eugene Renehan	4
Ms Pauline Treanor	13
Dr Declan Woods	-
Dr John Casey	5
Dr Liam G. Conroy	26
Professor Gautam Gulati	3
Professor Patrick K Plunkett	18
Professor Diarmuid O'Donoghue	16
Dr Claire Mc Nicholas	4
Dr Maire Milner	-
Ms Cornelia Stuart	4
Ms Audry Deane	3
Ms Ada Bradbury	4
Professor Deirdre Murphy	4
Mr Conor McCrystal	3
Ms Miriam O'Callaghan	3
Dr Mohammad Ashraf Butt	4
Dr Tom Clarke	3
Dr Mary Davin-Power	4
Dr David Honan	3
Dr Ashraf Dawood	4
Dr Muhammad Khan	4
Ms Leonora Doyle	2
Dr Liqa ur Rehman	1
Ms Joan Heffernan	1
Ms Dawn Johnston	1
Professor Catherine Godson	1

Preliminary Proceedings Committee

Ten meetings held in 2023

The Preliminary Proceedings Committee is established under Section 20(2) of the Medical Practitioners Act 2007 to consider initial complaints. The committee is chaired by Mr John Gleeson. The PPC had 10 meetings in 2023.

Committee Members	No of meetings attended
Mr John Gleeson	10
Ms Teresa Bulfin	9
Dr Margaret O Riordan	9
Dr Thomas Crotty	9
Dr Mary Davoren	8
Dr Aoife Mullally	8
Mr Stephen Kealy	7
Mr John Murray	7
Professor Edna Roche	7
Professor Geraldine McCarthy	5
Ms Mairie Cregan	5
Dr Ailis Quinlan	4
Professor Siobhan Gormally	4
Dr Muiris Houston	4
Mr Bill Maher	4
Dr Khalid Rasheed	3
Dr Sinead O Gorman	2
Dr Daniel Creegan	2
Mr Nabi Nauman	2
Professor Ronan O Connell	2
Ms Sinead Corcoran	2
Dr Diarmuid Scully	2
Dr Vicky Marchant	2
Professor Maria Morgan	2
Ms Sandra Daly	1
Ms Mairead Butler	1
Ms Ann Sheehan	1

Monitoring Committee

Seven meetings held in 2023

The purpose of the Monitoring Committee is to monitor a practitioner's compliance with conditions attached to the retention of their name in the Register. Conditions can be attached to a registered medical practitioner's registration pursuant to sections 53(3) and/or 71(c) of the Medical Practitioners Act 2007.

The Committee also maintains a bank of conditions to assist the Fitness to Practise Committee and Medical Council when attaching conditions to a registered medical practitioner's registration to ensure that conditions can both be met by the practitioner and the Committee can confirm compliance. The Committee commenced a new term in July of 2023 with four new members recruited. There were seven Committee meetings held in 2023.

Committee members	No of meetings attended
Dr Margaret O' Riordan (Chair)[1]	3
Professor Tom Clarke	4
Mr Conor McCrystal	7
Dr Joe Hennessy[1]	3
Ms Caroline Murphy[1]	1
Ms Avril Sheridan[1]	2
Ms Vicky Blomfield (outgoing Chair)[2]	4
Dr Ailis Ni Riain[2]	3
Dr John Casey[2]	3
Professor John Hyland[2]	2

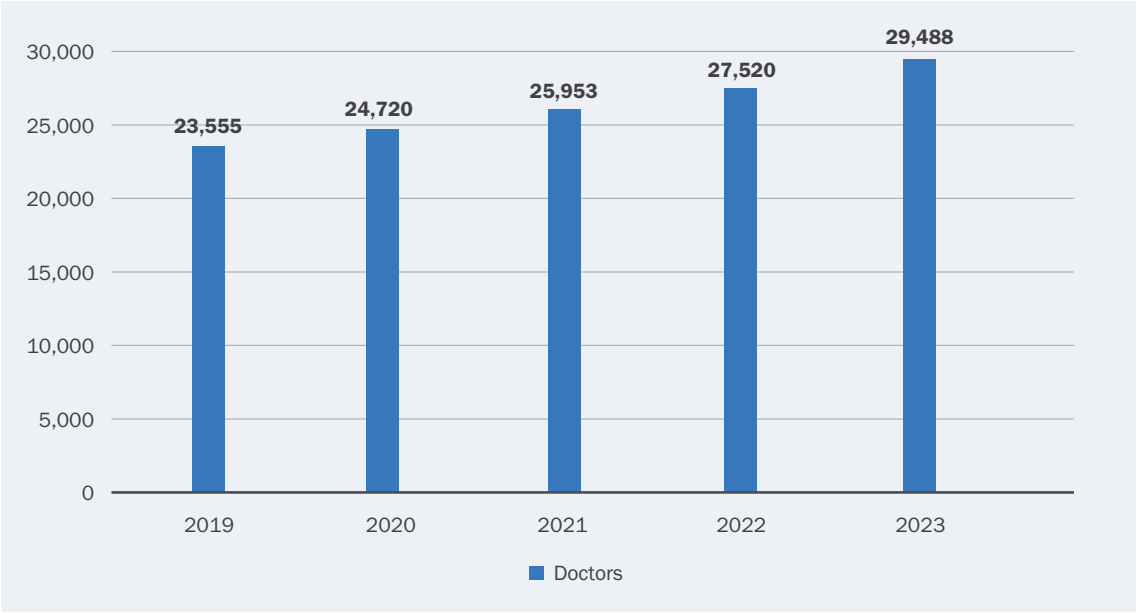
1 Joined the Committee in July 2023

2 Left the Committee in July 2023

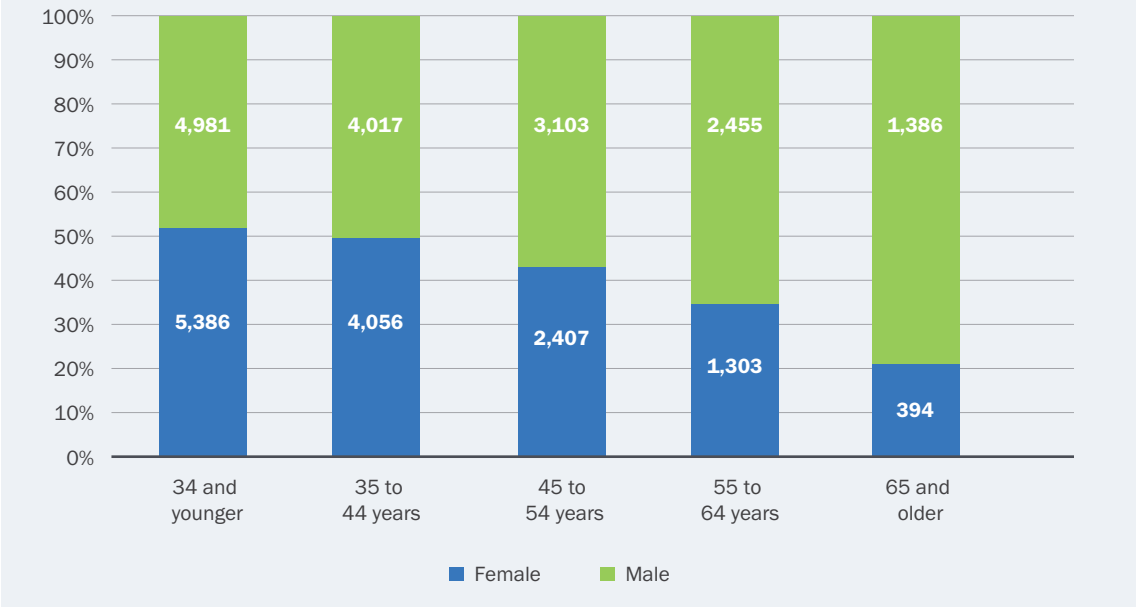
Appendix B

Registration Statistics 2023

Number of Medical Practitioners on the Medical Council Register at Year End 2023



Gender by age groups among Medical Practitioners on the Medical Council Register at year end 2023



Division of Medical Practitioners on the Medical Council Register at year end 2023

	Frequency	Percent
Specialist Registration	12,100	41.0
General Registration	11,424	38.7
Trainee Specialist Registration	3,594	12.2
Internship Registration	2,049*	6.9
Supervised Registration	321	1.1
Visiting EEA	0	0.0
Total	**29,488**	**100**

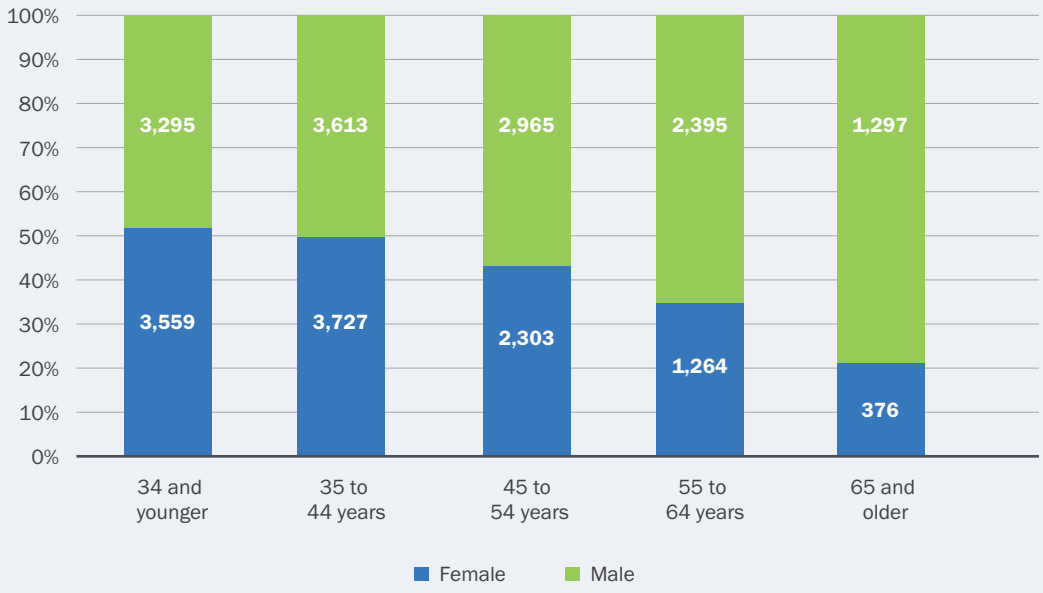
*889 of these interns registered for the first time in 2023.

Medical Practitioners who Retained their Registration

In June 2023, 25,474 doctors on the Register of Medical Practitioners in Ireland were invited to renew their registration with the Medical Council and 24,794 (97.3%) doctors chose to retain their registration.

Doctors who self-report practising medicine in the past 12 months when they renew their registration are defined as being 'clinically active'. At annual retention in 2023, 22,840 doctors reported being clinically active and 19,328 (84.6%) of these doctors reported working in Ireland all or some of the time.

Gender by age among Medical Practitioners retaining their place on the Medical Council Register



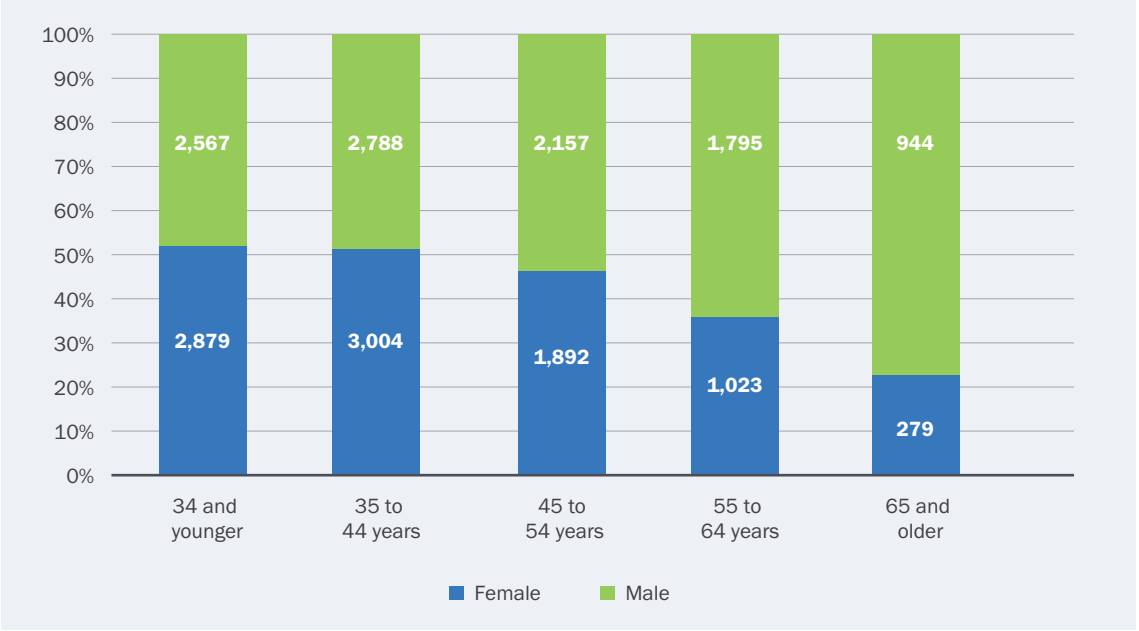
Division of Medical Practitioners retaining their place on the Medical Council Register

	Number	Percent
Specialist Registration	11,621	46.9
General Registration	9,725	39.2
Trainee Specialist Registration	3,271	13.2
Supervised Registration	177	0.7
Total	**24,794**	**100.0**

* Interns do not complete retention.

Medical Practitioners who Retained their Registration and Reported being Clinically Active in Ireland in 2023

Gender by age among clinically active Medical Practitioners in Ireland retaining their place on the Medical Council Register



Division of clinically active Medical Practitioners in Ireland retaining their place on the Medical Council Register

	Number	Percent
Specialist Registration	9,700	50.2
General Registration	6,369	33.0
Trainee Specialist Registration	3,105	16.1
Supervised Registration	154	0.8
Total	**19,328**	**100.0**

* Interns do not complete retention.

Appendix C

Complaints and Fitness to Practise Inquiry Statistics

- Origin of Complaints opened
- Complaints by gender
- Complaints by division of the Register
- Complaints by age range
- Area of Qualifications
- Types of complaints received
- Complaints considered by PPC
- Fitness to Practise Inquiries
  - Inquiries Held
  - Outcomes
  - Public/Private
  - Sanctions Imposed
  - Legal Representation
  - Reasons for Private Hearings
  - Section 60 Applications
  - Monitoring Committee
  - Health Committee

Origin/source of complaints received in 2023	2023	2022	2021
Member of the public	273	227	171
Healthcare Professional	29	38	24
The Medical Council – The medical practitioner's conduct came to the attention of the Medical Council whether through the media or otherwise (incl. anonymous complaints)	32	16	16
The Medical Council, having been notified by a body in another state	4	5	13
Solicitor or Solicitors firm not acting on behalf of a member of the public (i.e. complaining about a failure to furnish a report etc.)	5	9	2
Healthcare Institution (private hospitals, nursing homes etc.)	5	4	3
HSE	2	2	4
Other Irish Regulatory Body	0	0	0
Patient Advocacy Group	1	0	0
Anonymous	2	0	(see above)
Total	**353**	**301**	**233**

Complaints by Gender	2023	2022	2021
Male	245	241	-*
Female	146	104	-*
Total	**391**	**345**	**287**
Number of medical practitioners on the Register	29,488	27,520	25,953
% of medical practitioners complained against	1.3%	1.25%	1.11%

* Data unavailable in 2021 due to change in reporting process

Divisions of the Register	2023	2022	2021
General Division	88	77	84
Specialist Division	294	263	198
Trainee Specialist Division	8	5	4
Intern Registration	0	0	1
Supervised Division	1	0	0
Total	**391**	**345**	**287**

Complaints by Age Ranges	2023	2022	2021
20-35 Years	27	16	24
36-45 Years	92	61	63
46-55 Years	94	132	95
56-64 Years	136	90	59
65+ Years	42	46	46
Total	**391**	**345**	**287**

Area of Qualification of medical practitioners complained against	2023	Male	Female	2022*	2021*
Qualified in Ireland (Cat 1)	246	152	94	220	219
Qualified in EU/EEA (Cat 2)	45	30	15	39	28
Qualified outside EU/EEA (Cat 3 & 4)	100	63	37	86	40
Total	**391**			**345**	**287**

*Gender split Data unavailable in 2021 and 2022 due to change in reporting process

Types of Complaints Received
Categories of Complaints Received

Professional Conduct	2023	2022	2021
Criminal Convictions	14	3	2
Informing Medical Council of other regulatory proceedings/decisions, criminal charges and/or convictions	8	4	10
Breach of the Medical Practitioners Act 2007	4	6	1
Dishonesty	26	27	14
Total	**52**	**40**	**27**

Responsibilities to Patients	2023	2022	2021
Reporting obligations concerning abuse of children/elderly/vulnerable adults	8	2	6
Treating patients with dignity	38	2	21
Refusal to treat	33	9	5
Conscientious objection	6	0	5
Emergencies	2	1	5
Appropriate Professional Skills	32	14	9
Adequate language Skills	5	2	0
Communication	112	110	85
Physical and intimate examinations	10	6	17
Personal relationships with patients	6	1	3
Assisted Human Reproduction	0	1	0
End of life care	4	0	5
Total	**256**	**148**	**161**

Professional Practice	2023	2022	2021
Maintaining Competence	11	3	6
Reporting concerns about colleagues	5	0	2
Professional relationships between colleagues	7	6	9
Professional Indemnity	2	3	2
Accepting Posts	2	2	0
Treatment of relatives	7	4	4
Advertising	2	2	0
Premises and Practice Information	1	2	1
Medical reports	15	15	7
Certification	1	7	5
Prescribing	44	35	33
Referral of patients	15	18	13
Locum and rota arrangement	0	2	1
Telemedicine	3	2	5
Retirement and transfer of patient care	3	1	2
Fees	7	7	2
Total	**125**	**109**	**92**

Medical Records and Confidentiality	2023	2022	2021
Maintenance of accurate and up to date patient medical records	13	13	14
Confidentiality	4	12	4
Total	**17**	**25**	**18**

Relevant Medical Disability	2023	2022	2021
Alcohol Abuse	3	1	2
Drug Abuse	5	1	1
Mental or behavioural illness	6	2	0
Physical illness	1	0	1
Total	**15**	**5**	**4**

Treatment	2023	2022	2021
Consent	16	9	8
Clinical investigations and examinations	82	62	67
Diagnosis	86	57	50
Follow up care	47	37	33
Surgical Procedures	21	27	20
Continuity of care	33	18	20
Other	0	0	0
Total	**285**	**210**	**198**
Total No of Categories	**750**	**500**	**530**

Complaints considered by Preliminary Proceedings Committee

PPC Decisions	2023	2022	2021
PF	61	76	40
NPF	225	179	207
Total	**286**	**266**	**247**

NPF of Which	2023	2022	2021
No further action S61.1(a)	187	179	193
Mediation	0	0	0
Professional Competence S61.1(b)	8	3	5
Withdrawal refused	3	0	2
Withdrawal accepted S59.10(a)	13	8	9
Complaint was trivial, vexatious or without substance or made in bad faith S59.9(b)	17*		

Fitness to Practise Inquiries

Inquiries Held	2023	2022	2021
Completed	49	29	23
Adjourned	3	2	2
Pending	150	138	93
No. of Inquiry Days	69	46	40
Average No of days per inquiry	1.4	1.6	1.6

Outcomes of Inquiries	2023	2022	2021
Professional Misconduct	12	9	4
Finding of Relevant Medical Disability	3	0	0
Poor Professional Performance	12	2	6
No adverse finding(s) OR case withdrawn	10	8 + 1 RIP	1 + 1 RIP
Undertaking and / or consent pursuant to section 67 of the Act	19	8	10
Contravention of the Act	0	2	0
Failure to comply with relevant condition	4	0	1

Inquiries Held in	2023	2022	2021
Public	12	11	12
Private	11	18	13

Sanctions Imposed on a RMP by Council	2023	2022	2021
Cancellation	4	5	1
Suspension	1	4	1
Conditions	8	4	3
Censure in writing & Fine	1	3	0
Advise/Admonish/Censure	8	4	6
Total	**22**	**20**	**11**

	2023	2022	2021
Represented medical practitioners	29	22	16
Unrepresented medical practitioners	15	7	9

Reasons for Complaints held in private	2023	2022	2021
Medical Practitioners Health	3	1	2
Application by complainant	23	5	2
Completed at Preliminary Stage/Callover	23	12	9

No. of section 60* applications/undertakings to Council	2023	2022	2021
No. of Matters considered by Council under S60	21	23	18
No. of Applications to High Court	11	12	6
No. of Undertakings	10	9	6

*A section 60 application can be made by the Medical Council to the High Court in order to immediately suspend the registration of a registered medical practitioner, whether or not the practitioner is the subject of a complaint, if it is deemed necessary to protect the public.

Monitoring Committee	2023	2022	2021
No. of medical practitioners with conditions	16	18	11
No. of new medical practitioners with conditions attached	2	8	2
No. of medical practitioners no longer with the Monitoring Committee	3	5	5

Health Committee	2023	2022	2021
No. of medical practitioners supported by the Health Committee	50	54	49
No. of new medical practitioners with the Health Committee	12	16	11
Released from support of the Health Committee	8	8	10

Reasons for Referral to Health Committee	2023	2022	2021
Substance Misuse	29	23	21
Mental Health Issue	21	27	25
General Health Issue	2	4	3

Sources of Referral to Health Committee	2023	2022	2021
Self	15	13	13
Third party	19	23	17
Medical Council	18	18	15

Appendix D

Freedom of Information Statistics

Freedom of Information

Type of Request	2023
Personal	22
Non-Personal	30
Mixed	1
Total	**53**

Status of Requests	2023
Granted	6
Part Granted	29
Refused	16
Withdrawn	2
Total	**53**

Data Protection Statistics

Requests received under the Data Protection Act 2018

Type of Request	2023
Subject Access Requests	15
Erasure Requests	0
Other	84
Total	**99**

Comhairle na nDochtúirí Leighis
Medical Council

Medical Council
Kingram House
Kingram Place
Dublin 2
D02 XY88

www.medicalcouncil.ie