Comhairle na nDochtúirí Leighis
Medical Council

ANNUAL REPORT

and Financial Statements

2020

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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President and Vice President's Statement

Dr Rita Doyle
President

Dr Tom Crotty
Vice-President

It is our pleasure to publish the Annual Report and Financial Statements of the Medical Council for the year ending 31st December 2020. This has been an unprecedented year for the Medical Council, and the rest of the world, and we are proud to look back at all we have achieved during this tumultuous time.

As 2020 began to unfold, uncertainty grew, as the potential impact of COVID-19 on our health service became apparent. The Medical Council responded quickly in order to address these challenges and to fulfil our role in ensuring patients were protected and doctors were supported in an ever developing and worsening situation.

Communication was central in our response to the escalating situation, and we stayed in touch with doctors on the register throughout the year, updating them regularly. We issued revised ethical guidance to support doctors during this challenging situation, addressing specific issues that they may face. We also changed several of our processes to reduce any additional requirements and highlighted the importance of doctor wellbeing and self-care throughout the year.

The Council also played a key role with the *"Be on call for Ireland"* campaign, as we registered over 400 doctors returning to practise, either from abroad or returning from retirement or from other professions.

The pandemic brought significant and resounding changes to the practice of medicine in Ireland. Almost overnight, the arrival of COVID-19 brought an end to the majority of face-to-face consultations, reduced hospital visits to only those of an essential nature, and heralded the emergence of telemedicine as the standard form of medical appointments. These changes were reflected in the findings of a survey conducted at the behest of the Council which revealed a fivefold increase in the use of telemedicine between March and October 2020 alone.

In recognition of these changes in the delivery of healthcare, the Medical Council created resources for both patients and doctors engaging with telemedicine, producing guides with practical advice, for both the public and for practitioners. The guides contain a broad range of information covering topics including the setting up of a consultation and patient confidentiality and have been well received by patients and practitioners alike.

Although 2020 presented a series of ongoing challenges, the Medical Council continued to fulfil its remit. The most recent Medical Workforce Intelligence Report, containing data from 2019-2020 was published in late 2020.

The report examined the impact of the COVID 19 pandemic, as well as ongoing concerns around lack of access to training, poor working conditions and attrition from the register, all of which remain areas of concern for the Council.

In May 2020 Bill Prasifka stepped down as the Council's Chief Executive. The Medical Council are grateful for Bill's contribution to strengthening medical regulation during his term and wish him all the best in his future endeavours. The Council is also grateful to Mr Philip Brady, who stepped into the breach as interim Chief Executive during the pandemic and expertly guided the organisation through the past year.

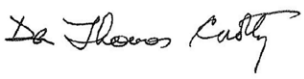
Dr Anthony Breslin, a public health doctor, stepped down from his position as Vice President due to the enormous demands placed on him and all our public health doctors across the country due to the pandemic. He remains a valued member of Council, having dedicated much time and energy to the role over the past number of years.

The Council also welcomed amendments to legislation with the signing into law of the Regulated Professions (Health and Social Care) (Amendment) Act 2020. The legislation brings some long-sought changes which will enhance medical regulation in Ireland and have an improved role in protecting patients and the wider health service.

Throughout this Annual Report you will find details of our achievements and information on how we continued to fulfil our remit despite the many challenges. Also in this Annual Report you can view our financial statements for 2020, in which you will see that the Council continues to adhere to the relevant aspects of the public spending code.

The past year has been an incredibly difficult time for so many, and particularly for those at the coal face of the global pandemic. Yet, as Abraham Lincoln said, "The best thing about the future is that it comes one day at a time", and so we look ahead to a brighter 2021.

Dr Rita Doyle
President



Dr Tom Crotty
Vice-President

Chief Executive Officer's Review

Philip Brady
Chief Executive

Welcome to the Medical Council's 2020 Annual Report. The Medical Council was not immune to the challenges set by the Covid-19 pandemic outbreak in March, as such this year's review reflects the response of Council to those challenges.

I commenced my tenure as interim CEO in June of 2020, following the decision of my predecessor Bill Prasifka to take an appointment in California. However, I found myself in the role of acting Chief Executive in March, when Covid-19 became a reality in Ireland. The Covid-19 pandemic placed the Medical Council to the fore from the very outset. In guiding the profession and in responding to Government requests for assistance and support, the Council quickly provided important ethical guidance on possible situations that members of the profession might face into should health services not cope with a sudden increased demand. In recognising the profession would be called upon to step into the breach and give more of themselves, the Council amended requirements for reporting and participation in maintenance of professional competence requirements, acknowledging that the demands of the pandemic would in itself provide significant learning opportunities.

In support of the Government's request to draw on expertise of doctors who had recently retired or had moved abroad, the Council implemented an online application for doctors who wanted to come back onto the Register to assist in the response to the pandemic. New provisions for a form of temporary registration aimed at increasing capability across the health service was developed, tested, and implemented in just over a week. Over 400 retired and/or returning doctors registered under these provisions.

Operationally, with the need to align with Government lockdown requirements, the Council's Executive were required to vacate our offices in Kingram House in mid-March. This required an immediate ramping up of capacity for staff to work remotely. Within a period of four to six weeks every member of staff was provided with a laptop and associated information technology peripherals to be able to work away from the office. While there was a short hiatus of some activities, the Council was able to deploy initially limited resources to key personnel who were assisting in supporting emerging demands arising from the pandemic outbreak.

The need to keep staffing and activity at Kingram House to a minimum, called on Council members and members of the Executive to adopt and adapt to new ways of working. Staff adapted quickly, resulting in the key work of the Council being barely interrupted.

While remote working provided challenges, the Council experienced some unexpected benefits and a number of firsts. The ability to respond quickly to new ways of working has been very evident. The hiatus in restoring to business as usual could be described, in many parts of the organisation, as being so short as to be unnoticeable.

As for firsts, the most immediate was the conduct of Council and committee meetings through video-conferencing technology. Like many, the etiquette of meeting virtually took some adjustment, yet the experience has been one of continued strong engagement and commitment. The conduct of fitness to practise inquiries provided challenges, like those experienced by the courts. However, by September hearings either fully by videoconferencing or a hybrid of in person and videoconferencing had been established. In a similar vein, we conducted our first virtual performance assessment in the latter part of the year.

While the pandemic was ever present to much of the Council's business, both our core business and a number of significant projects and activities were delivered as planned. Significant among these were the achievement of World Federation for Medical Education (WFME) accreditation for the conduct of the Council's accreditation activities in education and training. A new finance system has been implemented to bring the Council's financial systems into a more current technology. The issuing of the Council's sixth Workforce Intelligence Report highlighted calls for action on excessive working hours, workplace bullying, doctor training numbers and the need for greater focus on doctor wellbeing.

For all the challenges 2020 brought to bear, the underlying theme of the response of the organisation has been the continued pursuit of the Council's role of protecting the public. For this I compliment and congratulate Council members and staff for the manner of their response; one of positivity and commitment.

Philip Brady
Chief Executive

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 2020

Strategic Objective 1

Ensure medical regulation protects the public and supports registered medical practitioners

- Guidance was published by the Council concerning the progression and investigation of complaints during the Covid-19 pandemic in line with the approach of similar regulators internationally.
- The Preliminary Proceedings Committee ("PPC") continued to operate remotely during lockdowns and office closure.
- In 2020, 16 applications were considered by Council under section 60 of the Medical Practitioners Act 2007 i.e., the Council decided whether to make an application to the High Court to suspend a doctor's registration temporarily if such an application was considered necessary to protect the public. Eight applications were referred to the High Court where orders were granted.
- The Professional Standards Team continued to liaise with regulatory counterparts in other jurisdictions to provide and receive disciplinary information in relation to registered medical practitioners.
- The Professional Competence Team managed compliance with Maintenance of Professional Competence (MPC) requirements during Covid-19 restrictions. Risk-based monitoring mechanism plans were put on hold and supports rolled out instead, including among others:

  - Deferring monitoring of MPC requirements for 2019/2020

  - MPC declaration removed for 2020 retention of registration process

  - Late enrolment in Schemes, as facilitated by the Postgraduate Training Bodies

- The Professional Competence and Research Directorate supported five Fitness to Practise inquiries relating to MPC non-compliance in 2020.

Strategic Objective 2

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

- The Your Training Counts survey was opened in late 2020, with results to be published in 2021.The completion of the survey by the trainees provides important data to assist the Medical Council in supporting upstream regulatory action including inspections of training sites, development of tools to support improved communication and action to address bullying and burnout.
- The Medical Council commissioned the Accreditation Council for Continuing Medical Education (ACCME) to begin work on developing standards and infrastructure to implement a nationally agreed Continued Professional Development accreditation model. Phase One of the project has been successfully completed. A draft set of CPD accreditation standards will be circulated for broader stakeholder consultation in 2021.

Strategic Objective 3

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

- The 2019/20 Medical Workforce Intelligence Report, produced by the Research Team, was released to the public in December 2020. Detailing the 2019-2020 and 2020-2021 data, it highlighted the ongoing registration trends identified in previous reports. The formal launch was accompanied by briefing sessions with key stakeholders including the Irish Hospitals Consultants Association, the Irish Medical Organisation and the Forum of Postgraduate Medical Training Bodies, National Doctors Training and Planning, Department of Health and HSE officials.
- A Working Group was convened to advance the developments of a revised Maintenance of Professional Competence framework model for doctors to better facilitate engagement in lifelong learning activities relevant to scope of practice. The purpose of the Working Group is to apply national and international research to prepare a revised model of MPC.
- The Communications team carried out research into the prevalence of telemedicine since the start of the pandemic, and following on from the findings, developed a Telemedicine Guide for Doctors, and a subsequent sister Guide for Patients. The guides, available on medicalcoucil.ie, offer information including what to expect during a telemedicine consultation, and how best to prepare, and allow doctors and patients to get the greatest benefit from the process.

Strategic Objective 4

Improve the understanding of the role of the Medical Council

- The Professional Standards Team, in particular its legal staff, were involved in a number of presentations to external healthcare stakeholders on the complaints process, and the upcoming changes to this process under the Regulated Professions (Health and Social Care) (Amendment) Act 2020 ('the 2020 Act'). These included a foundation course on ethics and professionalism presented to members of the Royal College of Physicians of Ireland; co- presenting a number of courses on basic ethics and professionalism for interns, in association with the intern network coordinators for Galway and Limerick; and presenting at a one day seminar for Health Service Executive complaints managers.
- The Professional Standards Team continued to develop two-way communication platforms with healthcare stakeholders as a result of this presentation platform and informal interactions.
- A number of press releases were issued in 2020 and a number of stakeholder briefings, consultative forums and other engagement activities took place.

Strategic Objective 5

Review and recommend changes to legislation regulating the medical profession

- The Regulated Professions (Health and Social Care) (Amendment) Act 2020, which amends the Medical Practitioners Act 2007, was enacted on 14th October 2020. The Professional Standards team are in discussion with the Department of Health on the commencement of this legislation.
- A key amendment contained in this Act was the removal of requirement to have been awarded the equivalent of a certificate of experience in order to access the Trainee Specialist Division.
- The Act also allows access to registration in the Trainee Specialist Division for all doctors who have established eligibility for registration in the General Division and who have secured a training post prior to registration on this Division.
- All non-EEA qualified doctors now have access to the Trainee Specialist Division, a mandatory requirement when applying for entry into BST/HST programmes, once they establish eligibility for General Division registration and who likewise have secured a training post prior to registration on this Division.
- The Professional Standards team continue to interrogate feedback from complaint parties, examine approaches in other jurisdictions, and research potential improvements to the complaints process.

Strategic Objective 6

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

- The Finance team successfully implemented a new Financial Management system in 2020 and trained all internal users on the new system. The project involved a detailed review of the current software and organisational processes to evaluate gaps and opportunities for operational efficiencies. The Council implemented the new system to improve its operations, enhance cross-functional processes and provide better reporting functionality.
- The Corporate Governance team continued to support the President in the running of the Benzodiazepine Working Group. The purpose of this group is to examine patient safety concerns around the prescribing practices of benzodiazepines, pregabalin and Z drugs to enable the Council to make healthcare policy recommendations and to support doctors in the area of safe prescribing. A multidisciplinary group was convened consisting of representatives from the Department of Health, Health Service Executive, the Pharmaceutical Society of Ireland, the Irish College of General Practitioners, the Health Products Regulatory Authority, the Nursing and Midwifery Board of Ireland, College of Psychiatrists of Ireland and a GP/Pharmacist. These meetings continue to occur approximately once every six weeks and require the collaboration and engagement of all of the stakeholders mentioned in order to continue to progress on issues of safe prescribing.

Council Members as of 31st December 2020

Dr Rita Doyle
President

Dr Tom Crotty
Vice President

Dr John Barragry

Ms Vicky Blomfield

Dr Anthony Breslin

Ms Teresa Bulfin

Dr Suzanne Crowe

Ms Mary Duff

Professor
Fidelma Dunne

Mr John Gleeson

Mr Paul Harkin

Professor
John Hyland

Professor
Marina Lynch

Dr Erica Maguire

Dr Michael McGloin

Dr Maeve Moran

Dr Aoife Mullally

Mr John Murray

Mr Joe O'Donovan

Mr Tom O'Higgins

Mr Jim O'Sullivan

Professor
Mary O'Sullivan

Council Members who resigned during 2020

Ms Alison Lyndsey, resigned 5th March 2020
Dr Marcus de Brun, resigned 6th March 2020
Professor Mary Leader, resigned 2th September 2020
Ms Catherine McKenna, resigned 5th November 2020

Executive Management Team

Philip Brady

CEO/Director of Registration and Business Process Improvement

Wendy Kennedy

Director of Corporate Services

Damian Downes

Director of Corporate Services

Jantze Cotter

Director of Professional Development and Research

William Kennedy

Director of Regulation

Úna O'Rourke

Director of Education, Training and Professionalism

Bill Prasifka

CEO (resigned May 2020)

2020 in Numbers

24,720

DOCTORS ENROLLED ON THE REGISTER

up from 23,555 in 2019

Medical Workforce Breakdown

56% **MALE**

44% **FEMALE**

36%

of registered doctors are 35 YEARS OLD OR YOUNGER

420

DOCTORS RESTORED TO THE REGISTER IN ORDER TO HELP THROUGH THE COVID-19 PANDEMIC

279

COMPLAINTS RECEIVED

30%

increase in number of registered doctors over the past ten years

18

Specialist training programmes assessed for accreditation

60%

of registered doctors received their qualification in Ireland

15%

received their qualification in another EU member State or European Economic Area country

25%

of registered practitioners received their primary medical qualification outside of Ireland or another EU member State or European Economic Area country

Covid Response

On 16 March 2020, as a result of the Covid-19 pandemic the Medical Council offices closed at short notice and staff were sent home. Contingency plans that had been in place in case of such an eventuality were activated to ensure that Council business could continue while staff were working remotely.

In early 2020, as the effects of the emerging pandemic were being felt around the world, the Medical Council established an Emergency Response Team led by the Facilities function. This Team initiated early discussion and development of Covid-19 emergency planning in January 2020 with infection controls and emergency measures implemented by early February 2020. Increased capacity for remote working was identified in advance of the premises closing on 16th March.

Several adaptations were required across the organisation to allow a seamless transition to working from home. This included organising the technology necessary to facilitate remote working. To this end, the ICT team liaised with all departments to ensure staff were fully operational with remote access over the course of a weekend.

In light of unprecedented pressures on doctors, the Medical Council adapted its complaints process. This approach was adopted to minimise the impact on parties involved in the provision of healthcare, while also prioritizing patient safety.

In this regard, the Medical Council prioritised the following in order to protect the public:

- Essential hearing and actions, i.e. suspension orders required to protect the public;
- Complaints which pose a high risk to patient safety.

All other casework continued to the best of our ability during the initial period of Covid-19 restrictions.

Measures were implemented to facilitate remote meetings of the Preliminary Proceedings Committee (PPC) via the Zoom platform. With effect from 2 June 2020, the Council convened Fitness to Practise call-over hearings for the case-management of inquiries to be heard remotely (using the Zoom platform) and organized for inquiry hearings to be heard via a combination of hybrid physical hearings and fully remote hearings.

The inquiry room at Kingram House was configured in order for hybrid hearings to be held in line with public health guidance on physical distancing and Government restrictions, and the Medical Council ensured that the number of participants physically present at any such hearing was kept to the minimum.

The Medical Council continued to monitor Professional Competence Schemes during the Covid-19 pandemic. Schemes were established to work remotely ensuring there was no break in service to Scheme enrolees. As Covid-19 restrictions set in, many CPD events (courses, conferences, meetings) were postponed or cancelled. Simultaneously, the demand for learning across the Eight Domains of Good Professional Practice and on clinical and ethical guidelines dramatically escalated in response to the pandemic.

To ensure learning supports were available to doctors during this time, most Schemes increased their online CPD content reorienting CPD activities to focus on Covid-19 needs for doctors including wellbeing activities. The Covid-19 pandemic has presented some opportunities in CPD delivery which will be explored going forward. These include increasing and maintaining access to online CPD resources and increasing the flexibility in how CPD credits are allocated to the internal and external CPD categories of the MPC Framework Model.

A planned visit to RCSI Bahrain to accredit their medical degree programme in early March was cancelled at short notice due to the outbreak of Covid-19. An online accreditation process was developed to enable all other programme accreditations for the latter half of the year to proceed as planned. The Medical Council suspended inspection of clinical training sites and Anatomy Departments in 2020 due to the risks and restrictions caused by the pandemic. It is hoped that it will be possible to inspect these sites and Departments in late 2021.

The HSE asked all healthcare professionals from all disciplines who were not already working in the public health service to register to be on call for Ireland. Doctors came out of retirement or returned to Ireland to help. An amendment to the Medical Practitioners Act (MPA) saw the introduction of section 110 – "Special measures registration having regard to Covid-19". The registration process aligned to the HSE "Be On Call for Ireland" programme. 420 doctors were restored to the Register under the new provisions of the MPA – (section 110 Covid-19 restorals).

Originally, the expiry date of this registration was 31st July 2020, which was extended to 31st December 2020 to deal with the ongoing pandemic. This was further extended to 30th June 2021, as it is envisaged doctors may assist with vaccination campaigns.

The first online Council meeting was held in April 2020 and Council meetings continued to be held this way throughout 2020. The Council 'Away Day', was held online, over two days. Council training also took place online.

Medical Council President, Dr Rita Doyle has communicated regularly with the profession since the outbreak of the pandemic. She has emphasised the importance of self-care during such turbulent times, and issued guidance and advice on ethical issues and temporary amendments to legislation. A dedicated Covid-19 page was also available on the Medical Council website, providing information for doctors and patients, including details on the emergency register, CPD requirements during Covid, and wellbeing supports.

In response to the Covid-19 pandemic, Information Governance policies and procedures in relation to data protection were reviewed and updated to reflect the working from home arrangements for staff.

In line with the Data Protection Commission guidance, all staff were provided with guidelines and regular reminders of their responsibilities in relation to the Data Protection Act 2018 and under the General Data Protection Regulation.

As staff continued to work from home, the Human Resources team focused on staff mental and physical needs. Employee wellbeing is very important to the Medical Council, and a dedicated wellbeing group highlights the mental, physical, financial and emotional wellbeing of our staff.

The Procurement team delivered a number of key procurements, utilising OGP frameworks where possible in 2020. These services and supplies included Design Services, Enterprise Resource Planning Software, Professional Services for Professional Competence Schemes and Education Training and Development, Cleaning and Infection Control, PPE, Facilitation Services and Training & Development.

A Covid-19 Steering Group was also established in June 2020 to lead on development and implementation of protocols, plans and procedures for the safe re-entry to Kingram House.

A large number of Finance processes were automated prior to the pandemic which allowed the Finance team to smoothly transition to remote working and continue all day to day operations with limited disruption to services for both internal and external stakeholders. The Council implemented user access controls including but not limited to, a secured Multifactor Authentication (MFA) Virtual Private Network (VPN), to access MHC networks, systems and applications. All Medical Council devices, including portable devices, are encrypted to mitigate against risk and ensure only authorised users could approve and authorise financial transactions.

Registration

The registration of doctors provides a gate keeping function for ensuring only appropriately qualified practitioners have access to the register and thus the ability to practise medicine in Ireland.

2020 was an extraordinary year for the Registration Team. Faced with the challenges of the pandemic, the Registration section continued to operate remotely providing a full service, including a call handling facility. They also registered the highest ever number of doctors to the Medical Register – 24,720 doctors, a 30% increase over the past ten years. Of those registering, 2,038 doctors did so for the first time.

In response to the medical crisis emerging around the world, the HSE asked all healthcare professionals from all disciplines who were not already working in the public health service to register to 'Be on call for Ireland'. Doctors came out of retirement or returned to Ireland to help. An amendment to the Medical Practitioners Act, 2007 (MPA) saw the introduction of section 110 – "Special measures registration having regard to Covid-19". This registration process was aligned to the HSE's "Be On Call for Ireland" programme, and saw 420 doctors restored to the Register under the new provisions of the MPA. This was to be a temporary measure, and these provisions meant that section 110 registration expired on 31st July 2020. However, this was extended to 31st December 2020 to deal with the ongoing pandemic. It has since been further extended to 30th June 2021.

It also emerged that in 2020, for the first time, there were 5% more female than male doctors in the 20 – 35 age group. This brings several benefits and challenges for policy makers and those responsible for workforce planning.

An additional 300 intern posts were created in anticipation of an increased service demand arising from the Covid-19 pandemic, which the Registration section added to the Internship Register.

The team was also involved in changes resulting from the Regulated Professions (Health and Social Care) (Amendment) Act 2020, ('the 2020 Act') which was enacted on 14th October 2020.

A key amendment contained in this Act was the removal of the requirement to have been awarded the equivalent of a certificate of experience in order to access the Trainee Specialist Division. There is now access to registration in the Trainee Specialist Division for all doctors who have established eligibility for registration in the General Division. All non-EEA qualified doctors also have access to the Trainee Specialist Division, a mandatory requirement when applying for entry into BST / HST programmes, once they establish eligibility for General Division registration and who have secured a training post prior to registration on this Division. This is a major development for the medical workforce, as so many doctors working in Ireland have qualified overseas.

Draft Registration Rules were developed in preparation for the introduction of the amendments to Medical Practitioners Act, 2007, and were put forward for public consultation. The Registration Rules were approved by Council in December 2020.

Table A – Number of doctors on the Register

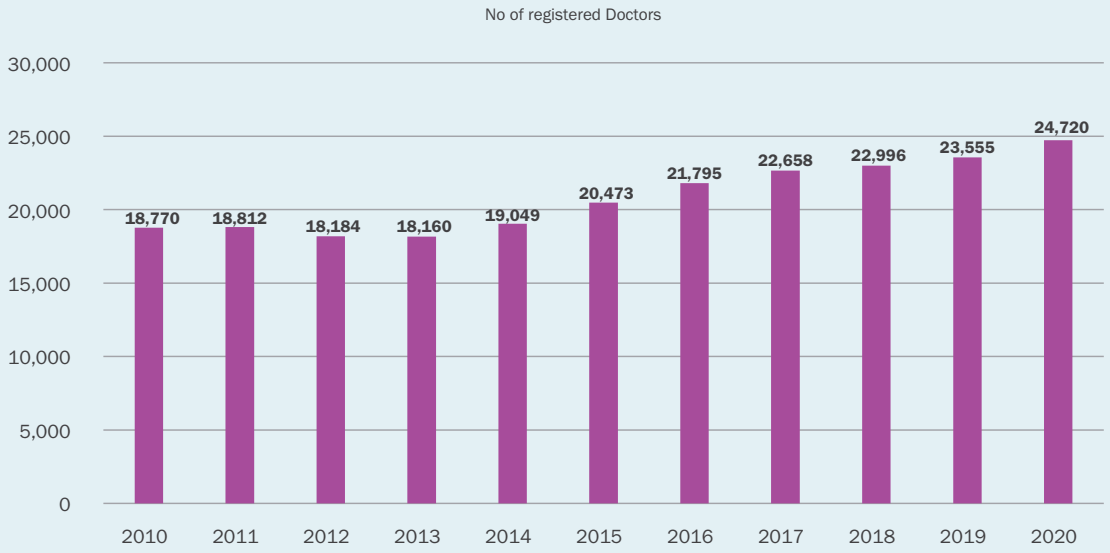


Table B – Age and Gender Analysis

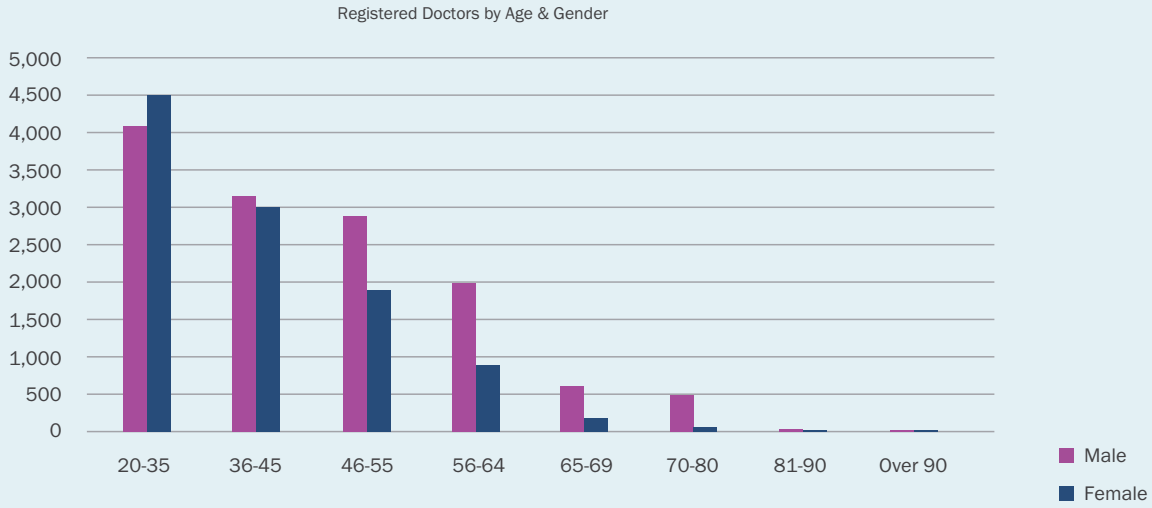
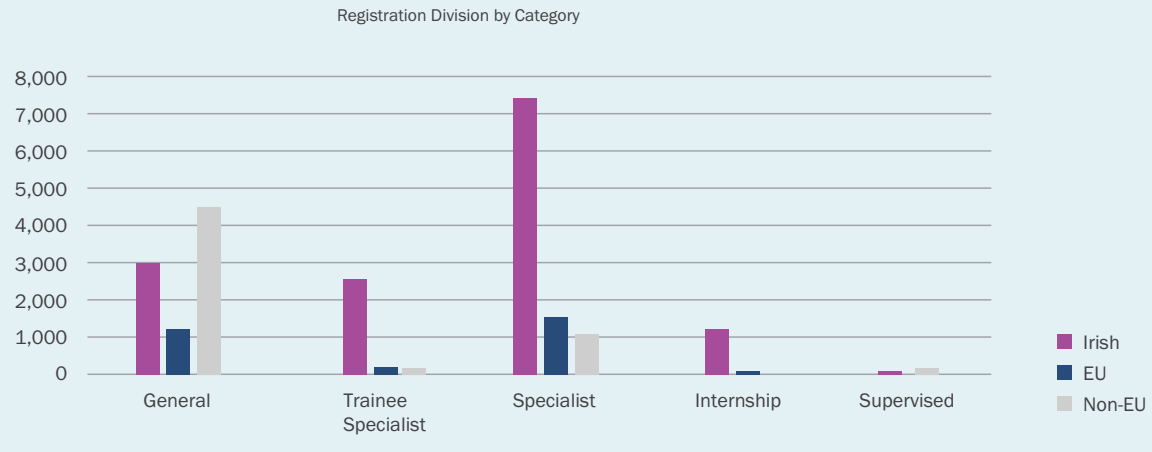


Table C – Doctors holding full registration by Category



Professional Standards

As regulator, one of the main functions of the Medical Council is to consider complaints against doctors. In this regard, the Medical Council deals with concerns involving serious failings in a doctor's practice which raise questions about whether that doctor can practise safely.

The Professional Standards department liaises with complainants and registered medical practitioners in relation to complaints against doctors at both the initial stage of the Medical Council's complaint process – Preliminary Proceedings Committee ("the PPC") – and, where necessary, at formal inquiry stage – Fitness to Practise Committee ("the FtPC").

The team, in particular our Regulation Officers, also deals with a large volume of telephone queries and correspondence from members of the public in relation to the Medical Council's regulatory role as well as legal queries from the public and practitioners on a daily basis.

Role of the PPC

The Preliminary Proceedings Committee ("the PPC") is the Committee appointed by the Medical Council to consider complaints against doctors. The PPC gives initial consideration to complaints to identify those complaints where there is a prima facie case to warrant further action being taken, those complaints which do not warrant further action being taken, and those complaints which can be dealt with by another body, mediation or other informal means. A large number of complaints are received each year, and a large number of investigations are directed.

The Committee is assisted by members of the Executive, in particular in-house solicitors who provide legal guidance and advice in respect of relevant legislation and procedural matters; case officers, who carry out investigations at the direction of the PPC; and regulation officers who provide essential administrative support to the Committee and the Executive. The Executive team prepares documentation for each PPC meeting, deals with correspondence following those meetings, and drafts the arising minutes for approval.

In carrying out its role, the PPC meets each month to consider complaints, as well as other issues that may arise during the course of ongoing investigations. In 2020, the PPC meetings which were scheduled to take place in March and April were cancelled as a result of Covid-19 restrictions. Despite the difficulties faced by the Executive team and Committee members during this period, the PPC met remotely via Zoom each month since May 2020. To facilitate the PPC's sizable agenda, the remote meetings are now scheduled to take place across two days per month.

In 2020, the Medical Council received 279 new complaints, each of which were considered by the PPC. Many complaints relate to one practitioner, however some of the complaints received in 2020 relate to two or more practitioners. In 2020, the number of doctors against whom a complaint was made was 311.

The number of new complaints received in 2020 demonstrates a decrease of approximately 35.3% on the number of complaints received in 2019 (431 - the highest number of complaints received in one calendar year).

In addition to new complaints received in 2020, 271 complaints were carried over from previous years, that is complaints where investigations are extensive and ongoing. Therefore, the total number of complaints which were considered by the PPC throughout the year was 550. The PPC formed an opinion in relation to 231 of those matters during the period to end of December 2020. Of this, in 205 complaints the PPC formed the opinion that there was no prima facie evidence to warrant further action.

Regulated Professions (Health and Social Care) Amendment Act 2020

The Regulated Professions (Health and Social Care) Amendment Act 2020 ("the 2020 Act") was enacted on 14 October 2020. This piece of legislation amends the Medical Practitioners Act 2007, which is the Medical Council's primary piece of legislation. A phased commencement of the 2020 Act has begun, and the Medical Council has commenced implementation of the relevant changes. The Council continues to prepare for the remaining amendments. The 2020 Act will bring in a number of changes to the Medical Council's processes, but most significantly to the complaints process, and particularly the initial stage of that process.

The main changes to the initial stages of the complaints process are noted below.

1. Complaints to the CEO

Currently, complaints are made to the Preliminary Proceedings Committee ("PPC") and all investigations are directed by the PPC. Under the 2020 Act, the CEO will receive complaints, rather than the PPC.

The CEO, with the assistance of authorised officers will carry out investigations into complaints and will forward each complaint and all information to the PPC for decision.

The CEO will also have the power not to investigate complaints if they are considered 'frivolous' 'vexatious' or 'not made in good faith'. The positive effects of this will be an increased efficiency of the PPC process with less involvement of PPC members at earlier stages. The PPC will still make decisions on all complaints.

2. PPC Sub-Committees

Currently, the PPC sits as one committee once a month (twice a month if meetings are remote). Under the 2020 Act, the PPC will be able to sit in sub-committees, for example, two sub-committees with relevant expertise sitting on alternate months. The positive effects of this will be an increased efficiency with less complaints to be considered at each meeting, and decreased preparation and reading time for members.

3. Undertakings to PPC

Currently, it is only the Fitness to Practise Committee who can accept undertakings from doctors, e.g., an undertaking not to repeat the conduct complained of; referral to a professional competence scheme; undergo medical treatment (referred to Health Committee); consent to censure. Under the 2020 Act, undertakings and consents can be requested by the PPC, meaning the case does not have to proceed to inquiry stage. The positive effect of this again will be an increased efficiency, meaning less serious cases are dealt with at an earlier stage. There will also be a lesser impact on doctors and parties to the complaint, and a reduction in legal costs at inquiry.

4. Appeals of Sanction

Currently, the sanctions of advice, admonishment and censure, i.e. the lesser sanctions imposed on registrants, cannot be appealed to the High Court. The 2020 Act will allow all sanctions to be appealed to the High Court by the medical practitioner the subject of the complaint. The positive effect of this will allow the supervisory effect of the High Court to be provided for on all sanctions.

Work Underway in Preparation for New Legislation 2020

The Medical Council have long anticipated and now welcome the changes to the Medical Practitioners Act 2007, and Professional Standards look forward to the efficiencies and advantages the 2020 Act will bring.

New procedures and guidelines are being prepared by Professional Standards in respect of the new complaints process, all relevant legal input is being obtained, and operational resources are being put in place to allow for smooth implementation.

Professional Standards looks forward to working with all its stakeholders, particularly in introducing the new complaints process, and will provide advance notice of commencement dates as appropriate.

The Medical Council is in discussion with the Department of Health on commencement dates and will update all stakeholders in due course.

Fitness to Practise

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. Inquiries are heard by a "Panel" which is made up of three members of the Fitness to Practise Committee, two non-medical members and one doctor with at least one of the members being a Council member. The Committee would ordinarily hear both evidence as to fact and expert evidence and thereafter decide on the guilt or not of the doctor against whom the complaint was made. The inquiry is similar to a hearing before a Court or Tribunal and can be heard in public or private.

Of the 27 inquiries completed during 2020, eight were completed pre Covid, eight were completed remotely via Zoom and 11 have been completed at the Council's offices at Kingram House, socially distanced.

Following a public consultation in accordance with section 11 of the Medical Practitioners Act in mid 2020 relating to the operating of the Fitness to Practise Committee and Subcommittees of the Committee, Rules were effected by S.I No.355 of 2020 for the Committee.

Monitoring Committee

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 produce and review a bank of conditions 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 both be met by the practitioner and the Committee can confirm compliance. The Committee during the course of 2020 updated the mentoring document to ensure that those practitioners undertaking the role as specified within the conditions were aware of the requirements of such a role.

Health Committee

The Health Committee's primary role is to monitor and support medical practitioners to maintain 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 two general practitioners, at least two psychiatrists, one occupational health physician, two psychotherapists and two lay members. There were six plenary meetings of the Committee in 2020 with 92 review sessions held over the year both in person initially and which then continued via the Zoom platform because of the Covid-19 pandemic. A review session between the two members of the Committee and the individual medical practitioners typically last about one hour. During the review session the Committee members will discuss the medical reports with the medical practitioner and any issues relevant to the medical practitioner's health that the members consider appropriate under the circumstances.

Statistics on complaints, findings and outcomes can be found in Appendix C

- Origin of complaints
- 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

Professional Competence

Maintenance of Professional Competence

Managing Compliance with Maintenance of Professional Competence Requirements during Covid-19

While the Medical Council's risk-based monitoring mechanism was due to be implemented in 2020, plans were put on-hold with the onset of the Covid-19 pandemic. The Medical Council instead rolled out supports for doctors through the following actions:

- Monitoring of Maintenance of Professional Competence (MPC) requirements for the 2019/20 Scheme Year was deferred.
- The MPC declaration was removed from the 2020 retention of registration process.
- Professional Competence Scheme enrolee 2019/20 Statements of Participation were annotated to indicate extenuating circumstances which prevented engagement in and recording of CPD activity for 2019/20. The annotation will be expanded for 2020/21. Engagement in CPD is still a mandatory requirement and the inclusion of this annotation does not by default mean that engagement in CPD is negated.
- Late enrolment in Schemes was facilitated by Postgraduate Medical Training Bodies.
- A significant reduction in the MPC Framework requirements for the 2020/21 and 2021/22 Scheme Years and an increase in flexibility in how CPD credits are allocated.
- Regular updates to doctors circulated through Medical Council media and through Professional Competence Schemes.

The Professional Competence and Research Directorate also supported five inquiries relating to MPC non-compliance in 2020.

Developments in 2020

The focus for the Medical Council was to progress recommendations of the 2019 Maintenance of Professional Competence (MPC) Model Review. The review report was discussed with the Forum of Postgraduate Medical Training Bodies in January. Recommendations were clustered into three themes to take forward.

These were:

- Strengthening the existing MPC framework implemented in 2011
- Developing CPD accreditation standards
- Standardising systems and processes across all Professional Competence Schemes (Schemes).

Due to the onset of the Covid-19 pandemic, only two of the three themes could be progressed. Work relating to standardising systems across Schemes was deferred until 2021. The Arrangements between the Medical Council and Scheme operators will be extended for a further two years to progress this work.

Developing CPD Accreditation Standards

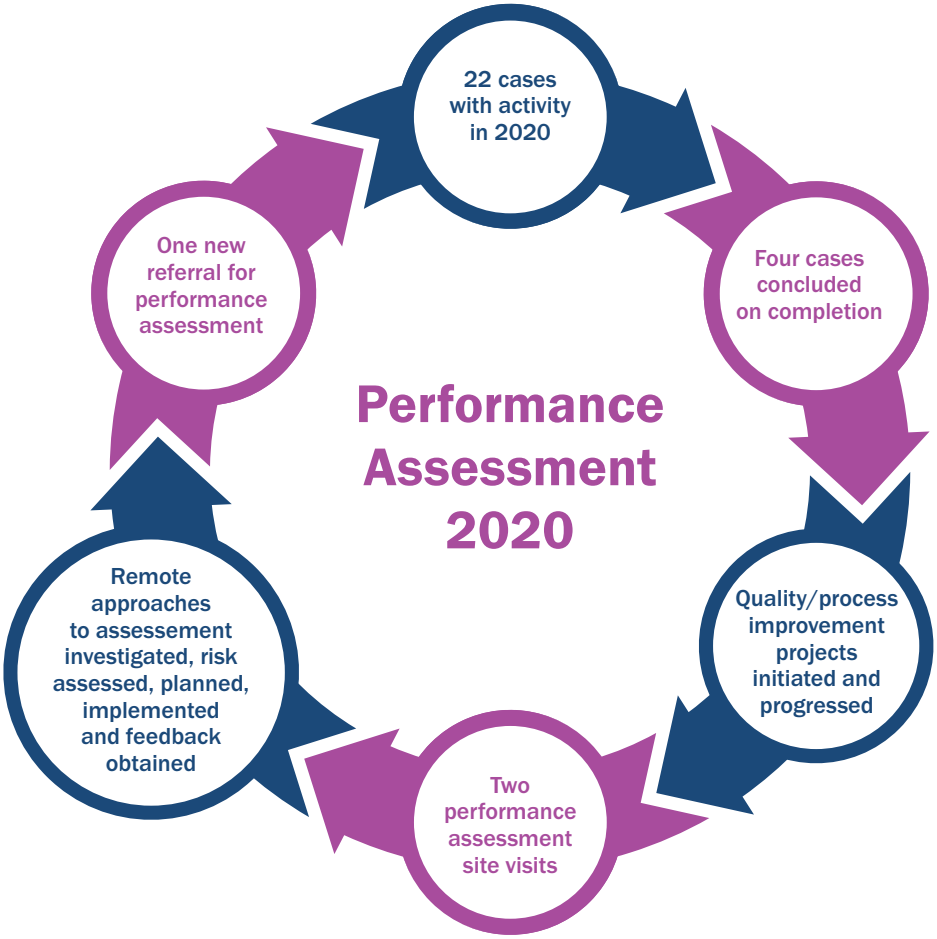
The Medical Council commissioned a United States based non-profit organisation known as the Accreditation Council for Continuing Medical Education (ACCME) to begin work on developing standards and infrastructure to implement a nationally agreed CPD accreditation model. The ACCME has supported CPD initiatives with the European Accreditation Council for Continuing Medical Education in Brussels, and with government, health system, and CPD representatives from a wide range of countries including New Zealand, France, Singapore and South Africa. The international CPD standards which are being developed by the International Academy for CPD Accreditation will form the foundation of this model. It is hoped that through the development of CPD standards, Ireland will be able to attain substantial equivalency with other international jurisdictions.

Phase One of Four Phases of the project has been successfully completed. This comprised of a review of the status of the CPD accreditation system in Ireland focusing on:

- The healthcare system and healthcare workforce in Ireland
- CPD system including providers of CPD, commercial supports for CPD, and doctor's perceptions of CPD
- Challenges and opportunities for the Medical Council in evolving the CPD system in Ireland

A draft set of CPD accreditation standards will be circulated for broader stakeholder consultation in 2021.

Overview of Performance Assessment 2020



Advancing the Current MPC Framework Model

The Medical Council convened a time-limited project oversight Working Group to advance the developments of a revised MPC framework model for doctors to better facilitate engagement in lifelong learning activities relevant to scope of practice. The purpose of the Working Group is to apply national and international research to prepare a revised model of MPC. It will also examine the methods through which doctors maintain their professional competence and remain fit to practise in international jurisdictions taking into consideration how doctors:

- Assess their practice and create a learning plan focusing on learning outcomes
- Implement their learning plan through a variety of CPD activities linked to the Domains of Good Professional Practice
- Evaluate their learning outcomes using reflective models and tools

Chaired by the Medical Council, this Working Group comprises of representatives from the Professional Competence Scheme operators (RCSI, ICGP and RCPI), an indemnifier (Medisec), the HSE's National Doctors Training and Planning Unit, the research community (University College Cork's Medical Education Unit) and the Department of Health. Discussions are well underway. A draft of the revised Model will be circulated for broader stakeholder consultation in 2021.

Performance Assessment

The Performance Assessment function's ability to conduct assessments as planned was significantly impacted by the restrictions associated with the Covid-19 pandemic. Visits to clinical sites were put on-hold, staff redeployed initially to assist and support the Registration Team and aspects of assessment that could be carried out remotely were progressed. The section provided ongoing executive support to the Registration and Continuing Practice Committee over the year during which meetings moved to a remote platform.

The team investigated, assessed, consulted, and made proposals for a move to remote assessments. A remote approach was piloted and feedback from this will assist in roll-out of assessment activities in 2021 and beyond. It has been noted that while some aspects of assessment are suited to ongoing remote approaches, other aspects require on-site assessment to achieve the intended outcome of the process.

The team advanced quality assurance and improvement projects which will support ongoing developments in relation to the performance assessment process. New referrals were significantly reduced in 2020, this is attributed to the impact of the pandemic on hearings from which referrals are generated. As planned, the section held constructive, engagement meetings with the Postgraduate Medical Training Bodies regarding performance assessment.

Documentation was drafted and submitted for an Expression of Interest process to recruit additional Performance Assessors (both medical and non-medical) which is due to proceed early in 2021. The assessor training programme has been updated and re-designed so that it can be delivered remotely with view to making it more accessible to potential applicants.

Professional Conduct and Ethics

The Professional Competence and Research Directorate assumed executive oversight of the professional conduct and ethics function in 2020.

The Medical Council is required to publish and review guidance on matters related to professional conduct and ethics for registered medical practitioners. It does this primarily through the publication of the *Guide to Professional Conduct and Ethics for Registered Medical Practitioners* which is currently in its 8th Edition (as published in 2016 and amended in 2019).

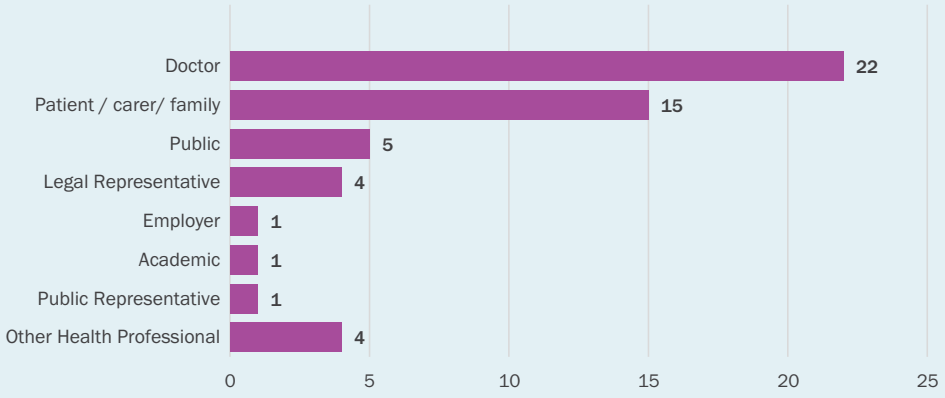
The Guide sets out the principles of professional practice that all doctors registered with the Medical Council are expected to follow and adhere to, for the benefit of the patients they care for, themselves and their colleagues. It is designed to underpin more detailed practice guidance for doctors who also have a duty to ensure compliance with all laws and regulations pertaining to their practice

The task of reviewing the Guide is delegated to the Ethics Committee and is required to be completed during each Council term. The Guide is therefore due for review over the coming year. The Executive supports the Ethics Committee in relation to the organisation of its meetings, development of its work plan and in carrying out research and identifying resources to assist the Committee in carrying out its work.

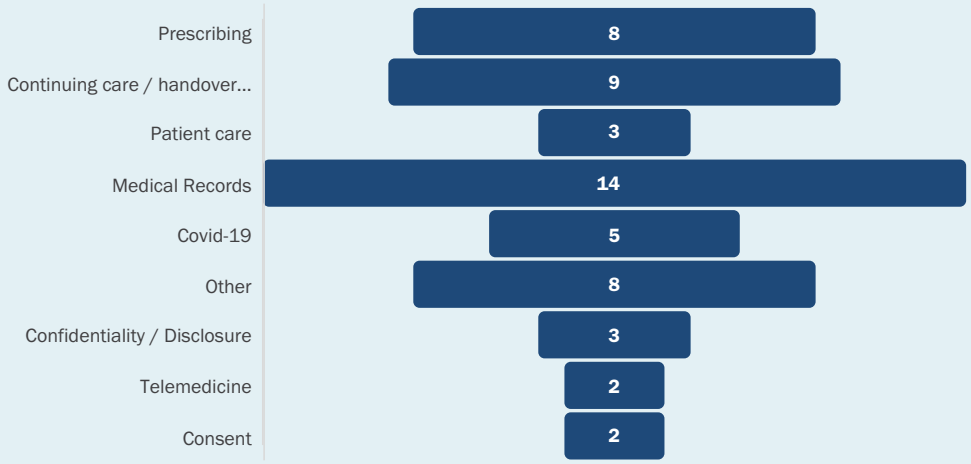
The new Ethics Committee, Chaired by Dr Suzanne Crowe, had its formative meetings in 2020 and, these were held remotely from March 2020 due to Covid-19. The Committee commenced the groundwork for review which, to date, has included analysis of how the Guide is currently used as well as consideration of the scope of the review.

The executive has also dealt with queries from doctors, patients, the public and others during 2020. The executive does not provide an advisory service for queries related to professional conduct and ethics however it can direct people to relevant sections of the Guide where appropriate and may identify other potential sources of information and/or guidance.

Source of queries dealt with by Ethics section in 2020



Subject matter of queries dealt with by Ethics section in 2020



Research

Publications

The Medical Council produced and launched the Workforce Intelligence Report which is derived from analysis of the annual retention, registration and voluntary withdrawal data. This report was contextualised within the broader national and international environment, including Covid-19, in which medical workforce recruitment and retention issues are of paramount concern.

The production of the 2019/20 report was released to the public in December 2020. The report detailed the 2019-2020 and 2020-2021 data, highlighting the ongoing registration trends identified in previous reports. The formal launch of the report was accompanied by briefing sessions with key stakeholders including the Irish Hospitals Consultants Association, the Irish Medical Organisation and the Forum of Postgraduate Training Bodies, National Doctors Training and Planning, Department of Health and HSE officials. This is in line with the following elements of the strategy:

3.2 Analyse and use relevant information (internally and externally) in a targeted way, to better inform decisions

3.3 Collaborate with stakeholders to encourage sharing of information, experiences and joint learning

4.3 Outline and share the Medical Council's methodologies, operations and processes to key stakeholders

4.4 Publish and promote relevant Medical Council activities

Strategic Objective 2.5

"Undertake or commission targeted medical education research that addresses strategically important themes that advance medical education, training and lifelong learning quality in Ireland".

The Your Training Counts survey was opened following this, with results to be released in 2021.The completion of the survey by trainees provides important data to assist the Medical Council in supporting upstream regulatory action including inspections of training sites, development of tools to support improved communication and action to address bullying and burnout. This is in line with strategic objective 2.5 of the strategy, i.e.

"Undertake or commission targeted medical education research that addresses strategically important themes that advance medical education, training and lifelong learning quality in Ireland".

Consultations

The research team gathered, analysed, collated and presented data in two consultations undertaken with registered medical practitioners and key stakeholders including patient advocates regarding the reintroduction of non-Covid-19 care and telemedicine in Ireland. This contributed to the work of the Telemedicine Working Group, culminating in the publication of the doctor and patient Guides to Telemedicine published in 2020.

Further work was also undertaken to support Council in their self-evaluation for reflection and further development in May 2020.

Engagement with external researchers

The Medical Council are collaborators on the Hospital Doctor Retention and Motivation (HDRM) project, based in RCPI Phase 2. The findings, which will be published in 2021 will provide a deeper understanding of the organisational and workplace factors which shape doctors' experience of work, broader than annual declarations received. This is with a view to impacting doctor emigration, retention and workplace morale for hospital doctors in Ireland, providing an evidence base for the HDRM project to inform policy change, particularly in relation to retention. The main survey findings were presented to senior policymakers and the Medical Council team at a HDRM policy dialogue held in RCPI on 27th February 2020.

Work was also progressed with an intern tracking and migration project with the NDTP with a view to informing practical workplace reforms, which is ongoing with the support of RCSI's research expertise.

Engagement with stakeholders

The Senior Researcher represents the Medical Council at MacCraith meetings, with a view to improving the quality of postgraduate medical training in Ireland. This continued in early 2020, with findings of workforce reports and Your Training Counts shared with the group with a view to influencing change. It is hoped that this will resume in 2021.

Internally, the research team made contributions to the Ethics Committee, Telemedicine Working Group, Prescribing Working Group and provided support to Education & Training on proposed site visits.

Conferences

Prior to the pandemic, the research team attended the 2nd Annual Anti-Bullying Symposium, Dublin Castle, 25th February 2020, in which Your Training Counts data was cited. Additionally, a paper by the research officer entitled 'The relationship between Professional wellbeing, working hours and adverse event involvement in a sample of trainee doctors' was presented at The Psychology Health and Medicine Conference 2020, hosted online by UCC.

The team also presented key findings from a number of reports regarding 'Open Disclosure: A review of best practice and the relationship between Organisational Support, Secondary Traumatic Stress and adverse event involvement' at the International Forum on Quality and Safety in Healthcare 2020, with an emphasis on patient safety.

Education and Training

Undergraduate Medical Education and Training

Having undergone a rigorous application and inspection process with the World Federation of Medical Education (WFME) in 2019 for recognition as an Accrediting Agent, the Medical Council received recognition status in June 2020. WFME recognition is an endorsement of the quality of Medical Council accreditation of undergraduate medical education degree programmes and deems the process to be of an internationally-accepted high standard. From 2023, WFME accreditation is necessary for Irish-qualified doctors to be eligible to sit the United States Medical Licensing Examination (USMLE). Employment as a doctor in the United States will also be restricted to graduates from medical schools/programmes accredited by an agency which is recognised by the WFME Recognition Programme.

On advice from the WFME and Senior Counsel on the quality and legality of online accreditation respectively, the Medical Council undertook a "virtual" accreditation of the University College Dublin (UCD) medical school in October 2020. Confirmatory site visits will be organised at a future date.

Specialist Medical Training

In 2020 the Medical Council conducted accreditation meetings for 3 programmes of specialist training whose five-year accreditation status had expired; and 15 programmes of specialist training which had not previously been accredited.

The curriculum and assessment methods for each programme were examined on an individual basis by external specialist experts who sat on the assessor team. Reports of these accreditations will be published in 2021.

January 2020

Endocrinology and Diabetes Mellitus (Institute of Medicine, Royal College of Physicians of Ireland)

February 2020

Obstetrics & Gynaecology
(Institute of Obstetrics & Gynaecology)

March 2020

Clinical Microbiology, Haematology, Immunology, Neuropathology, Histopathology, Chemical Pathology (Faculty of Pathology, Royal College of Physicians of Ireland)

September 2020

Anaesthesiology (College of Anaesthesiologists); and Ophthalmology (Irish College of Ophthalmologists)

November 2020

Basic Specialist Training in General Internal Medicine; Higher Specialist Training in General Medicine; and Infectious Diseases, Cardiology, Clinical Pharmacology, Nephrology, Cardiology, Rheumatology, Gastroenterology (Institute of Medicine, Royal College of Physicians of Ireland)

In 2020, the Medical Council began analysing quantitative and qualitative data provided by all thirteen postgraduate training bodies in Ireland as part of a new cycle of "Annual Returns" to monitor programmes of specialist training in between accreditation. The returns include information such as updates on progress towards implementation of recommendations in accreditation reports, trainee demography, recruitment and selection, attrition rates, flexible training and training sites.

Clinical Training Sites

Reports of clinical training site inspections in the RCSI Hospitals Group and UL Hospitals Group in 2019 were approved and published in 2020.

Assessor Training Programme

Although assessor training was suspended in 2020, the Medical Council took the opportunity to update the ISQua-approved training programme for all assessors engaged in the Council's medical education accreditation and inspection activities. It is hoped that assessor training will resume in 2021.

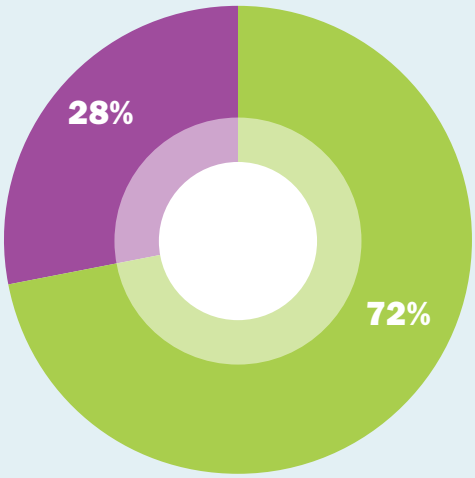
Assessor Visits

In 2020, the Council accredited one undergraduate programme and 17 postgraduate training programmes. Assessor teams comprise a mix of Council members and external assessors and are supported by the Medical Council Executive during each accreditation. The number of days spent on accreditations in 2020 is outlined below.

Number of assessor days

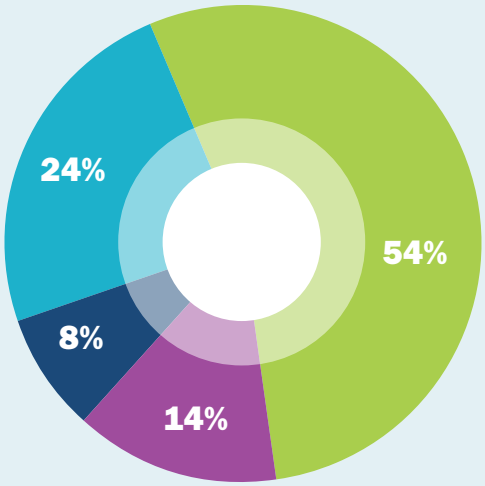
Assessors	Undergraduate	Postgraduate	Clinical Training Site Inspections	TOTALS
Council Members (medic)	4	5	0	9
Council Members (non-medic)	8	8	0	16
External Assessors (medic)	12	38	0	50
External Assessors (non-medic)	0	10	0	10
TOTALS	**24**	**61**	**0**	**85**

Total number of Assessor days accreditation breakdown



- Clinical Sites - 0
- Undergraduate - 24
- Postgraduate - 61

Total number of Assessor days Assessor breakdown



- Council Member Medical - 9
- Council Member Lay/Non medical - 16
- External Assessor Medical - 59
- External Assessor Lay/Non medical - 26

Anatomy

The Medical Council is the licensing authority for the practice of anatomy in the State. In 2020, 38 donations were made through the donor programmes at the five anatomy schools in Ireland. This was a decrease of 79 in comparison with 2019 where 117 donations were made.

The anatomy department in the Royal College of Surgeons in Ireland medical school was inspected in February 2020, before Covid-19 restrictions were introduced.

Medical School	No. of anatomical donations received in 2020
National University of Ireland Galway	0
Royal College of Surgeons in Ireland	9
Trinity College Dublin	3
University College Dublin	14
University College Cork	12

Quality Improvement Project

The Council created the new role of Head of Quality Improvement in Education and Training to lead a number of initiatives the Council wishes to undertake to support this important regulatory function.

As the Medical Council approaches the 10-year anniversary of the commencement of Part 10 of the Medical Practitioners Act 2007, the Council conducted an audit of all rules, criteria, standards and guidelines under Part 10 of the Act and made recommendations for improvement.

Taking these and other recent quality improvement recommendations into account, the following areas will be addressed under the Quality Improvement project, which is expected to span a number of years:

1. Review of Standards and development of processes and procedures to support the roll out of the new standards;
2. Review and update of Part 10 Rules to better support the regulation of medical education and training;
3. Governance and policy updates;
4. Standard Operating Procedure updates;
5. Information and Communications Technology to support education and training activities;
6. Communication and stakeholder engagement.

Corporate Services

Information and Communications Technology (ICT)

The ICT Department had a busy and project-intensive year in 2020. While the first quarter of 2020 was primarily defined by the pandemic, the year was also busy for reasons unrelated to Covid-19.

Investment in key infrastructure projects in previous years facilitated the ICT team and the Medical Council to transition effectively to remote working for all staff. The ICT team drew from internal and external support partnerships to facilitate a smooth transition to being fully operational by remote access over the course of a weekend. Although this was a challenging period for the section, the team were highly effective in working together to meet increased demand during an unprecedented situation.

ICT successfully implemented key strategic projects and initiatives during 2020 including

- eWorking for All Staff
- Remote Inquiries via Video Conferencing Tools
- Consolidation of key servers
- Completion of migration to the Cloud
- Rolling out new hardware
- Implementation of updated security protocols and policies

ICT served an internal project management function and advisor for other business units and were involved in many cross divisional projects including:

- Implementation of new Finance System in partnership with SAP
- Preparation of Specification for the new Registration System, PRISM
- Preparation of the Board Paper System, Decision Time

To deliver on key strategic projects and goals, the ICT Department Team remained unchanged and performed well throughout the year.

During 2020, key support contracts have been put in place to maintain secure remote access and assist ICT to manage threats effectively while providing secure services to the organisation.

Information Governance

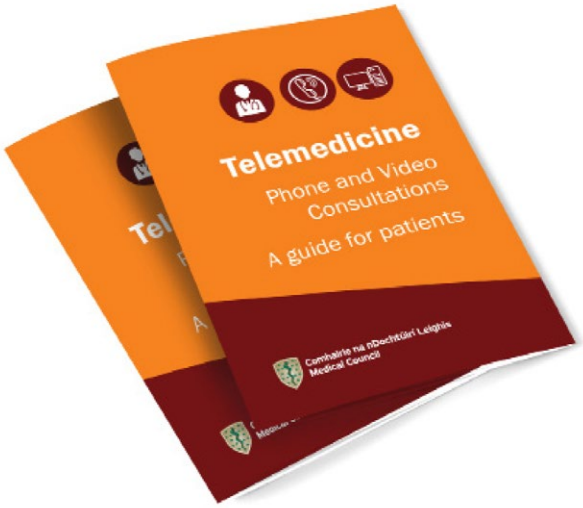
As with previous years, the Medical Council continued to promote a culture of awareness and adherence among staff in relation to the General Data Protection Regulation (GDPR) and Data Protection Act 2018.

Throughout 2020, in response to the Covid-19 pandemic, policies and procedures in relation to data protection were reviewed and updated to reflect the working from home arrangements for staff. In line with the Data Protection Commission guidance, all staff were provided with guidelines and regular reminders of their responsibilities in relation to the Data Protection Act 2018 and under the GDPR. Unfortunately, some training and activities due to take place in 2020 were postponed and are instead expected to take place in 2021.

In 2020, the Information Governance team processed 41 requests for personal information under data protection legislation. These requests included standard Subject Access Requests, and requests from other third parties seeking to contact medical practitioners registered with the Medical Council. This is an increase of 24 requests compared with the previous year.

As a public body, the Medical Council is subject to Freedom of Information legislation. 63 requests were received in 2020, a decrease of four requests on the previous year. Of the 63 requests received, 33 requests were for personal information and 30 requests for non-personal information. In 2020, the Information Governance team, published quarterly Disclosure Logs for 2019 and 2020 on the Medical Council website.

The Information Governance team continues to undergo ongoing training and development in the areas of data protection and freedom of information.



Communications

While the events of 2020 meant that some aspects of the Communications team's role had to be curtailed, the team continued to facilitate the various functions of the Medical Council. This included the launch of several publications throughout the year including the Medical Workforce Intelligence Report 2019 - 2020, a Telemedicine Guide for doctors and a separate guide for patients, as well as supporting multiple communications with our registered medical professionals and the public.

These launches, which all took place virtually via Zoom, ensured the work of the Medical Council was dispersed throughout the media and across various stakeholders, enhancing the profile of the Medical Council as a responsive regulator. The telemedicine guide and Workforce Intelligence Report in particular generated significant media coverage.

Engagement with doctors who were facing unknown challenges became a focus in 2020, with our President Dr Rita Doyle addressing the profession several times. Covid-19 supports and regular updates on the Councils work during the year were shared with stakeholders regularly.

The Communications team played an important role with a number of stakeholder engagement activities, consultations and working groups throughout the year.

There was continued growth in social media following and levels of interaction and engagement.

Human Resources

The function of the Human Resources department is to support the employees of the Medical Council throughout their employment. At year end, the Council had 83 employees, and had completed 25 recruitment processes.

All Human Resource policy procedures were reviewed and updated in line with guidelines throughout the year.

The Medical Council continued its commitment to the ongoing training, up-skilling and development of its staff in 2020, facilitating workshops with particular emphasis on Successfully Managing Remote Working, Time Management for Remote Workers, Resilience and Communication.

As our staff continue to work from home, it is important that we continue to look after staff mental and physical needs. Employee wellbeing is very important to the Medical Council. The Council has a dedicated wellbeing group that focuses on the mental, physical, financial and emotional wellbeing of our staff. A Working from Home Staff Agreement provides staff with good practices to balance work life and personal responsibilities. In addition, we also provide an Employee Assistance Programme (EAP), which offers a free, professional service for employees to resolve personal or work-related concerns. Available to all staff members, it provides confidential, specialist advice and services. The online platform provides access to articles, resources and interactive tools and content related to the areas of life, work, relationship, finances and more.

The Wellbeing Group promotes health and general wellbeing amongst the staff in the Medical Council. The aim is to create a positive and healthy working environment offering supports with various initiatives. The group operates under five key pillars of integrated wellbeing:

- Mental Health
- Physical Health & Nutrition
- Financial Wellbeing
- Social Wellbeing
- Charity & Community Engagement

Procurement & Facilities

Procurement

The in-house procurement team delivered a number of key procurements, utilising OGP frameworks where possible in 2020. These services and supplies included Design Services, Enterprise Resource Planning Software, Professional Services for Professional Competence Schemes and Education Training and Development, Cleaning and Infection Control, PPE, Facilitation Services and Training & Development. The Procurement remit gained a resource in Q4 2020 with the addition of a Procurement Manager to support delivery of the Medical Council's procurement strategy and wider business objectives.

Covid-19 Pandemic

From early 2020, the Facilities team had to quickly focus on the impact of Covid-19. In preparation for the pandemic, the team took the following steps:

- Emergency Response Team led by the Facilities function, initiated early discussion and development of Covid-19 emergency planning in January 2020 with infection controls and emergency measures implemented by early February 2020. Increased capacity for remote working was identified in advance of the premises closing on 16th March.
- Measures to support remote capacity and business continuity were implemented from Q2 2020 including those for mail handling, ergonomics and essential onsite working.
- Safe systems for essential onsite workers necessitated social distancing application, redesign of meeting spaces and the provision of PPE.
- Covid-19 Steering Group was established in June 2020 to lead on development and implementation of protocols, plans and procedures for the safe re-entry to Kingram House. Government mandates, public health advice and wider H&S updates continue to be taken into account when applying appropriate control measures to safeguard employees, workers and 3rd parties attending Kingram House.
- In person Fitness to Practise inquiry meetings commenced in October 2020 (during Level 3 restrictions), following an assessment of spatial distancing capabilities and development of specific management protocols. The feasibility of maintaining in person meetings will be subject to Government restrictions, NPHET advice and infection rates and capacity to do so safely in 2021.

Design and Refurbishment Project

Following procurement of architect-led design services in 2020, the project to assess and develop spatial capacity commenced in Q4 2020. This project will develop further in 2021.

Climate Action

Active management of energy consumption resulted in a further reduction on 2019 figures and an energy efficiency saving of 36.8% by year end 2019 (reported through the SEAI M&E portal in 2020), exceeding the public sector target of 33%. The Government's Climate Action Plan 2019 and Programme for Government 2020 sets an ambitious new emissions target of 50% reduction by 2030. The Facilities and Green Teams commenced development of the Medical Council's Climate Action Strategy in Q4 2020 to support delivery of these revised targets.

Finance

The Finance team implemented Strong Customer Authentication (SCA) processing for all electronic commerce card-based payment transactions made to the Council in compliance with Delegated Regulation EU 2018/389 in December 2020. This has improved the payment process for external users by enhancing the security of all payments made to the Council and protecting user's financial data.

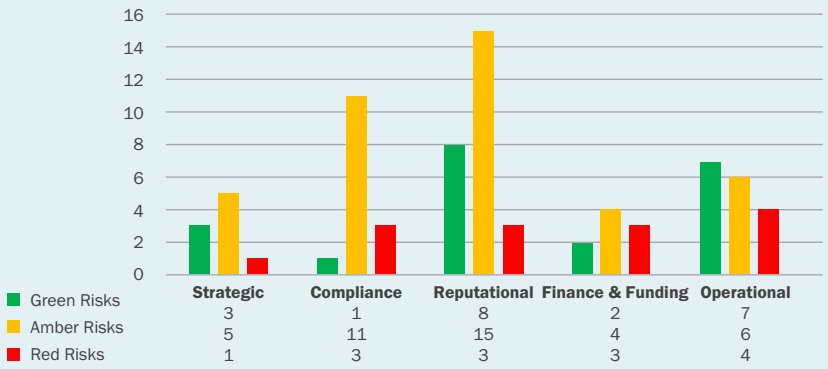
There were three Internal Audits completed remotely via zoom for the first time during 2020, two of which were Finance audits and a Business Continuity Audit. The Finance team collaborated with the internal audit team and provided all documentation to the team through a secure network to ensure timely completion of all scheduled audits for 2020.

The Finance team have 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 2020. 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. The team have monitored the resources of the Council through the use of rigorous budgeting, ongoing forecasting and quarterly reporting to the Audit, Finance and Risk Committee to ensure the Council was fully informed throughout the year. The Finance team have 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 the year.

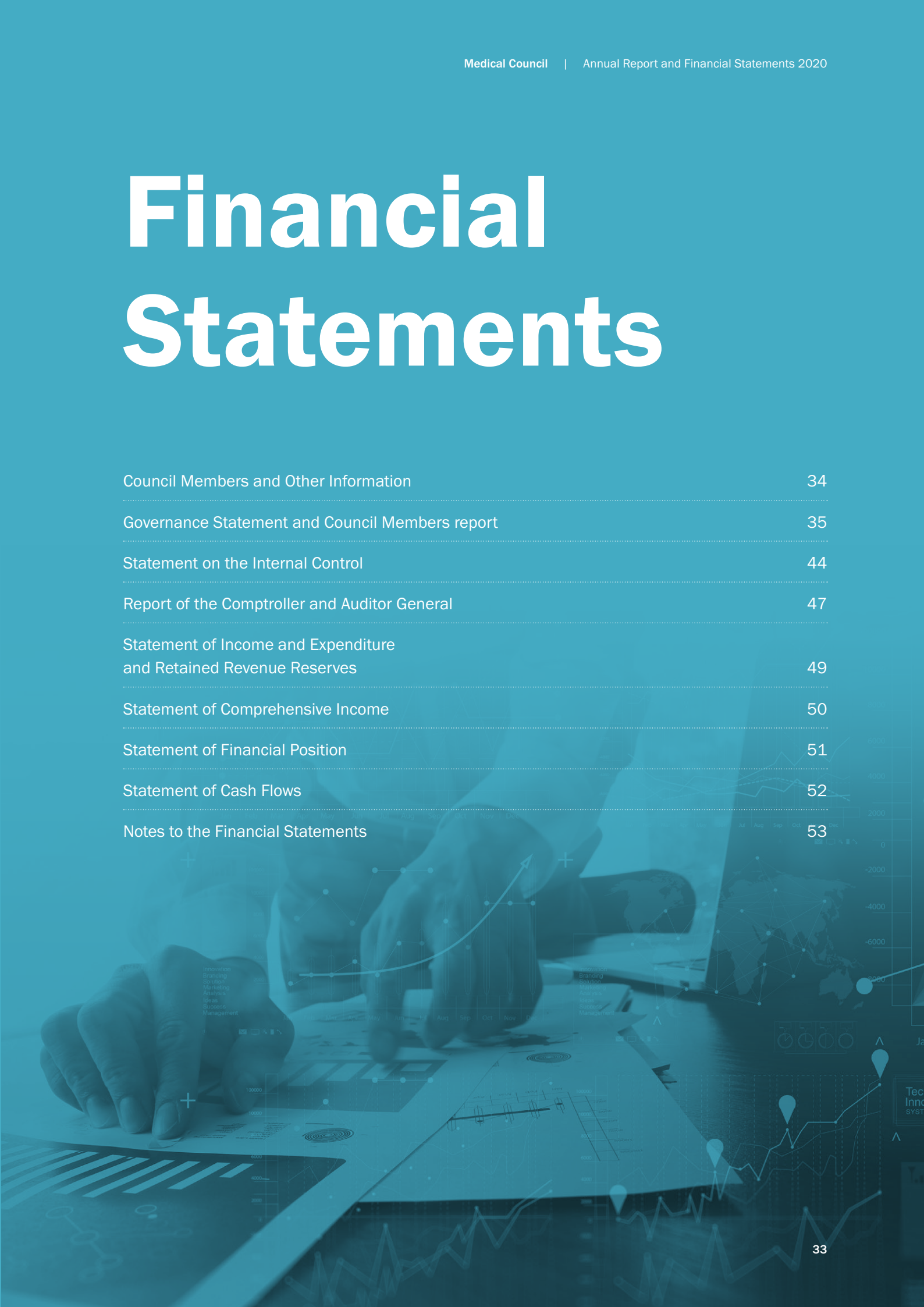
Risk Management

The Council has overall responsibility for risk management, including determining the nature and extent of significant risks that it is willing to accept in pursuit of its strategic and operational objectives. To address this, risk management policies and procedures have been implemented and are reviewed periodically to provide for the continuous identification, assessment, monitoring and reporting of significant risks within the Medical Council. Risk is managed in the Medical Council through formal, quarterly reviews and approval by the Audit, Finance and Risk Committee (AFRC) of changes to the corporate risk register, which identifies the principal risks to the organisation. At each AFRC meeting, a member of the executive with responsibility for risk in their department gives a detailed description of risk in that area and takes questions from the committee. The Chair of the AFRC then presents a report to Council at the quarterly governance meeting where the Chief Risk Officer is available to answer any questions from Council.

Categorisation of Risk by Ranking (RAG)



Financial Statements



Council Members and Other Information

President	Dr Rita Doyle	
Vice President	Dr Anthony Breslin / Dr Thomas Crotty	
Chief Executive Officer	Mr William Prasifka/Mr Philip Brady	
Council	Dr Rita Doyle	Ms Alison Lindsay
	Dr Anthony Breslin	Professor Marina Lynch
	Dr John Barragry	Dr Erica McGuire
	Ms Teresa Bulfin	Mr John Murray
	Dr Thomas Crotty	Dr Maeve Moran
	Dr Suzanne Crowe	Dr Aoife Mullally
	Dr Marcus De Brun	Mr Joe O'Donovan
	Mr John Gleeson	Mr Tom O'Higgins
	Ms Mary Duff	Mr Jim O'Sullivan
	Professor Fidelma Dunne	Professor Mary O'Sullivan
	Mr Paul Harkin	Ms Catherine McKenna
	Professor John Hyland	Ms Vicky Blomfield
	Professor Mary Leader	

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
Solicitor	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 1978 (updated in 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 objectives and targets in addition to making 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 senior management team. The CEO and the senior management 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 2020.

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 2020.

Governance Statement and Council Members' Report (continued)

Council Structure

The Council consists of a President, Vice President and twenty-three ordinary members, all of whom are appointed by the Minister for Health. The majority of members of the Council appointed were for five years however there were 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
Dr Rita Doyle	President	15/06/2018
Dr Anthony Breslin	Vice President	15/06/2018-31/05/2020
Dr Thomas Crotty	Vice President	01/06/2020
Dr Thomas Crotty	Ordinary Member	15/06/2018-31/05/2020
Dr John Barragry	Ordinary Member	15/06/2018
Ms Vicky Blomfield	Ordinary Member	15/06/2018
Dr Erica McGuire	Ordinary Member	15/06/2018
Mr Tom O'Higgins	Ordinary Member	15/06/2018
Ms Catherine McKenna	Ordinary Member	15/06/2018
Professor John Hyland	Ordinary Member	15/06/2018
Professor Mary O'Sullivan	Ordinary Member	15/06/2018
Ms Teresa Bulfin	Ordinary Member	15/06/2018
Dr Suzanne Crowe	Ordinary Member	15/06/2018
Dr Marcus de Brun	Ordinary Member	15/06/2018-18/04/2020
Mr John Gleeson	Ordinary Member	15/06/2018
Ms Mary Duff	Ordinary Member	15/06/2018
Professor Fidelma Dunne	Ordinary Member	15/06/2018
Mr Paul Harkin	Ordinary Member	15/06/2018
Mr Jim O'Sullivan	Ordinary Member	15/06/2018
Ms Alison Lindsay	Ordinary Member	15/06/2018-31/03/2020
Professor Marina Lynch	Ordinary Member	15/06/2018
Professor Mary Leader	Ordinary Member	15/06/2018
Dr Maeve Moran	Ordinary Member	15/06/2018
Dr Aoife Mullally	Ordinary Member	15/06/2018
Mr John Murray	Ordinary Member	15/06/2018
Mr Joe O'Donovan	Ordinary Member	15/06/2018

Governance Statement and Council Members' Report (continued)

The Medical Council has nine Committees, they are as follows:

1. Audit, Finance & Risk Committee

Six meetings held in 2020

The Audit, Finance & Risk Committee is chaired by Mr Joe O'Donovan, 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 is comprised of six members and two external members, one external member resigned in September 2020 and was replaced recently in January 2021. Two Council members resigned in 2020, one in February and the other in April 2020, one of which was replaced by an existing Council Member. There were six meetings of the AFRC held in 2020.

2. Preliminary Proceedings Committee

Nine meetings held in 2020

The Preliminary Proceedings Committee is established under Section 20(2) of the Medical Practitioners Act 2007 to consider initial complaints and was chaired by Dr Tom Crotty for the first half of the year. In July 2020, Mr John Gleeson became Chair. Two meetings in 2020 were cancelled due to the Covid-19 pandemic, and following recommencement in May 2020, it was decided that remote PPC meetings would take place over two days, counting as one meeting. The Committee comprises of nine Council members and nine external members. One Council member and one external member resigned during the year.

3. 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. Inquiries are heard by a "Panel" which is made up of three members of the Fitness to Practise Committee, two non-medical members and one doctor with at least one of the members being a Council member. The Committee is chaired by Ms Mary Duff. There was a total of 27 Inquiries held in 2020.

4. Registration and Continuing Practice Committee

Eight meetings held in 2020

The purpose of the 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 three sub-committees, the Performance Assessor Subcommittee, the Registration Adjudication (RAP): and the Registration Review Board (RRB). The Committee is comprised of ten members: four Council members (two lay, two medical) and six Non-Council members. One Council member resigned from the Committee in September 2020. The Committee is Chaired by Dr Anthony Breslin.

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

Six meetings held in 2020

The training needs of tomorrow's doctors and ongoing education requirements of those currently registered is overseen by the Education, Training and Professional Development Committee. The ETPDC is chaired by Dr Aoife Mullally. The Committee is comprised of four Council members and ten external members.

Governance Statement and Council Members' Report (continued)

6. Ethics and Professionalism Committee

Five meetings held in 2020

A new Ethics Committee was established in April 2019 to specify standards of Ethics and 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's first meeting was in February 2020, and the Committee is chaired by Dr Suzanne Crowe. There are eight members of the Committee, three Council members and five external members. Two members, one Council, one external, joined the Committee in the last quarter.

7. Strategy and Governance Committee

Eight meetings held in 2020

The Strategy and Governance Committee (SGC) was established by the Medical Council with effect from 11th June 2018. The Purpose of the Committee is to steer the Statement of Strategy to completion; to monitor and review the implementation of the Strategy via annual Business Plans; to monitor and ensure compliance with Governance complaints etc; to be responsible for the nominations and appointments of members to relevant Committees and Groups; and to steer a Learning and Development programme for Council, Committees and groups. The committee is comprised of six Council members, with one Council member being appointed in May 2020.

8. Health Committee

Six meetings held in 2020

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 two general practitioners, at least two psychiatrists, one occupational health physician, two psychotherapists and two lay members. There were six plenary meetings of the Committee in 2020 with 92 review sessions held over the year both in person initially and which then continued via the Zoom platform because of the Covid-19 pandemic. A review session between the two members of the Committee and the individual medical practitioners typically last about one hour. During the review session the Committee members will discuss the medical reports with the medical practitioner and any issues relevant to the medical practitioner's health that the members consider appropriate under the circumstances.

9 Monitoring Committee

Six meetings held in 2020

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 would also produce and review a bank of conditions 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. The Committee during the course of 2020 updated the mentoring document to ensure that those practitioners undertaking the role as specified within the conditions were aware of the requirements of such role.

Governance Statement and Council Members' Report (continued)

Schedule of Attendance, Fees and Expenses

A schedule of attendance at the Council and Committee meetings for 2020 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 2020	Expenses 2020
R Doyle (President)	11,970	316
T Crotty (Vice President)	-	-
J Barragry	7,696	-
V Blomfield	-	56
A Breslin	-	290
T Bulfin	7,696	787
S Crowe	-	-
M Duff	7,696	-
F Dunne	-	619
J Gleeson	7,696	-
P Harkin	-	-
J Hyland	7,696	-
M Leader	7,696	-
M Lynch	3,848	205
E Maguire	-	-
M McGloin	-	-
C McKenna	-	-
M Moran	-	-
A Mullally	-	-
J Murray	7,696	998
J O'Donovan	7,696	46
T O'Higgins	7,696	564
M O'Sullivan	7,696	604
J O'Sullivan	-	-
M De Brun	1,924	30
A Lindsay	1,924	-
Total	**96,626**	**4,515**

Governance Statement and Council Members' Report (continued)

There were twelve members for the period January to December 2020 who did not receive a Council allowance in 2020 under the "One Person One Salary Principle" (OPOS) as listed above.

As a national regulator the Medical Council is represented by members from widespread geographical areas. The level of Travel & Subsistence received by Council and Committee members is directly proportionate to the individual's geographic location. A number of Committee members sit on more than one committee. The total fees and expenses paid to Committee members in 2020 is set out below.

Council and Committee Members	Allowance 2020	Expenses 2020
A Ali	1,500	309
R Anderson	7,800	163
D Ashe	5,800	79
J Barrie	2,000	-
V Beatty	3,500	-
P Brady	-	3,854
K Bulbulia	8,500	636
A Carrigy	1,800	103
J Casey	4,800	95
T Clarke	4,200	-
L Conroy	4,000	392
M Culliton	1,800	-
A Cunningham	300	-
M Power	600	-
S Datta	500	219
A Deane	1,500	-
M Devin	1,500	1,013
P Devitt	1,500	-
W Duncan	1,000	374
T Fahey	300	-
G Feeney	3,900	406
M Ryan	500	-
P Fleming	1,500	92
D Forde	2,100	-
A Gilliland	-	346
M Hardiman	600	187
AM Harney	1,500	-
M Houston	1,800	130
W Jeffers	1,200	-
J Jenkins	6,200	1,034
A Johnson	3,100	-
S Kealy	3,900	-
F Keeling	2,400	105
H Khaili	1,500	384
G Knowles	2,100	338
A Lane	5,100	-
V Larkin	3,000	322
B Lewis	9,600	2,408
S Lightman	1,500	-
F Magee	4,500	-

Governance Statement and Council Members' Report (continued)

Council and Committee Members	Allowance 2020	Expenses 2020
G May	900	-
C Mc Crystal	1,800	440
M McGloin	1,000	-
S McGovern	2,000	-
D McLornan	500	141
C McNicholas	2,000	-
A Miller	1,000	-
J Moran	300	198
D Mulcahy	2,400	1,147
M Murphy	3,600	-
P Murphy	1,800	-
J Naughton	300	320
A Ni Riain	21,700	1,097
J O'Connor	1,200	-
D O 'Donoghue	500	-
S O'Gorman	-	243
F O'Kelly	3,600	-
S O'Mahoney	1,500	304
M O'Maoláin	1,200	-
G Offiah	600	-
M Owens	900	2,203
K Perdue	3,000	-
P Plunkett	4,000	-
D Quinlan	1,800	2,000
A Quinlan	3,300	-
N Reddy	2,000	-
R Quirke	-	394
E Renehan	500	-
R Sargur	500	196
C Smith	500	271
C Walshe	-	34
D Wareham	500	413
D Woods	-	247
	173,800	**22,637**

Governance Statement and Council Members' Report (continued)

Key Personnel Changes

The Chief Executive Officer Mr William Prasifka completed his term as Chief Executive Officer in May 2020, Mr Philip Brady was appointed as the new Chief Executive Officer in May 2020. There were three resignations from the Council during 2020, Ms Alison Lindsay resigned in March 2020, Dr Marcus De Brun resigned in April 2020 and Professor Mary Leader resigned in September 2020. Dr Thomas Crotty replaced Dr Anthony Breslin as Vice President in July 2020.

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 are categorised in the following bands:

Range of total employee benefits	Number of Employees	
From - To	2020	2019
€60,000 - €69,999	4	3
€70,000 - €79,999	7	8
€80,000 - €89,999	3	-
€90,000 - €99,999	-	2
€100,000 - €109,999	5	4
€110,000 - €119,999	-	-
€120,000- €129,999	-	1

Consultancy Costs

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

	2020 €	2019 €
Business Consultancy	**237,755**	380,266
Communication fees	**29,360**	29,520
IT Consultancy fees	**45,302**	30,390
Legal Consultancy	**526,274**	258,500
Total Consultancy Costs	**838,691**	698,676

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.

	2020	2019
	€	€
Legal Expenses		
Legal and professional	**483,994**	254,003
Part V (a) Inquiries	**1,722,239**	2,544,994
Part V (b) High Court & Supreme Court proceedings	**122,372**	99,358
Total	**2,328,605**	2,898,355

Hospitality Expenditure

The Income and Expenditure Account included the following hospitality expenditure:

	2020	2019
	€	€
Staff hospitality	**8,413**	10,369
Committee hospitality	**4,308**	11,407
Total	**12,721**	21,776

Travel and Subsistence Expenditure

	2020	2019
	€	€
Travel and subsistence expenditure is categorised as follows		
Staff - Domestic	**5,717**	22,269
Staff - International	**1,043**	24,455
Core Business	**42,907**	153,110
Total	**49,667**	199,834

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

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 2020.

Approved by the Council on 5th May 2021 and signed on its behalf by

Dr. Rita Doyle
President

Dated: 5th May 2021

Mr. Philip Brady
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 2020 and up to the date of approval of the financial statements except for the minor internal control weaknesses outlined in the internal audit of controls carried out in December 2020 noted below.

Capacity to Handle Risk

The Medical Council has an Audit, Finance & Risk Committee (AFRC) comprising of six Council members and two external members, with financial and audit expertise, one of whom is the Chairperson Mr. Joe O'Donovan. The AFRC met six times in 2020.

In conjunction with Deloitte, the Medical Council's internal auditors, the AFRC 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. Deloitte has been contracted since 2018 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 AFRC 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,

Statement on the Internal Control (continued)

- 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.

Procurement

I confirm that the Medical Council has procedures in place to ensure compliance with current procurement rules and guidelines and that during 2020 the Medical Council complied with those procedures. There were four instances where a derogation from the rules and guidelines were considered justifiable. This related to contracts for maintenance, cleaning, security and recruitment, the total value of these contracts was €204,000 consisting of the following expenditure;

- Maintenance €75,000
- Cleaning €41,000
- Security €13,000
- Recruitment Agency fees €75,000

As a result of Covid-19 restrictions a decision on the office needs of the Council has been delayed. In order to ensure compliance and value for money going forward the Council are in the process of preparing tenders for maintenance, cleaning and security contracts and will seek to have these contracts completed in Q2 2021.

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, Finance & 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 March 2021.

Internal Control Issues

No significant breaches occurred in 2020. Minor weaknesses in internal control were identified in relation to an outdated operating procedure document regarding Fixed assets for 2020. Responsibility for the implementation of all audit recommendations is attributed to the Head of the appropriate section. A timeline for the implementation of the recommendation is assigned. The Audit Recommendations tracker is updated and reported to the AFRC at each meeting. The Finance team oversee the steps taken to implement the recommendation and report the closure of the audit recommendation to the AFRC.

Covid-19

The Medical Council established a Covid-19 steering group in addition to an Emergency Response Team, which included key members of the Management team, to review the impact of Covid-19 on the organisation and to lead the organisation throughout the Covid-19 crisis. Plans were developed with immediate effect to facilitate all employees to work remotely, to ensure the continuity of the vital work of the Medical Council. The Medical Council continuously reviewed and updated the Council's risk register throughout 2020 to reflect new risks and increased risks as a result of the pandemic, as the crisis unfolded to ensure appropriate mitigations were in place. Regular communications to both internal and external stakeholders was provided throughout 2020.

As a result of the fundamental change to remote working, the Medical Council had to assess the impact of Covid-19 on the control environment, including the impact on the financial day to day operations within the Medical Council and to ensure challenges to the financial controls within the Council were mitigated. The adequacy of the system of internal controls was considered using the "Audit Insights" programme issued by the Comptroller and Auditor General and appropriate action was taken where required.

Statement on the Internal Control (continued)

To support working from home the Medical Council put in place user access controls including (but not limited to), a secured Multifactor Authentication (MFA) Virtual Private Network (VPN), to access MHC networks, systems and applications. In response to the heightened cyber security threats associated with remote working, the Medical Council IT department have provided guidance and awareness on an ongoing basis, on cyber security and working remotely through means such as security email notification to employees. Additionally, all Medical Council devices including portable devices, are encrypted.

The Audit, Finance and Risk Committee considered the impact on the control environment and discussed the internal audit of financial controls which specifically focused on the controls the Council had implemented during Covid-19. The Medical Council Finance department have been working remotely since March 2020, with no disruption to operations due to the level of automated processes in place prior to Covid-19. All financial transactions require mandated signatories to authorise any transaction using a verification code from a work mobile device. Only authorised personnel have access to financial systems, processing and payment of any transaction requires two or more signatories to eliminate risk of fraud and error. These controls exist within the Finance system, the expense system and the payroll system.

Signed on behalf of the Medical Council

Dr. Rita Doyle
President

Dated: 5th May 2021

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 2020 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 2020 and of its income and expenditure for 2020 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.

I have nothing to report in that regard.

Mary Henry
For and on behalf of the
Comptroller and Auditor General

17 May 2021

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 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.

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.

I also 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.

Statement of Income and Expenditure and Retained Revenue Reserves

for the year ended 31st December 2020

	Notes	2020	2019
		€	€
Income			
Retention fees	2	**12,074,445**	11,763,740
Registration fees	2	**2,559,910**	2,394,050
Miscellaneous income	2	**237,140**	421,990
Total income		**14,871,495**	14,579,780
Expenditure			
Wages and salaries	3	**4,500,005**	4,120,308
Retirement benefit costs	3	**1,191,568**	1,134,106
Council and meeting expenses		**359,055**	670,907
Staff recruitment, training and education		**208,631**	251,689
Rent and rates		**1,063,379**	1,058,545
Legal expenses		**2,328,605**	2,898,355
General administration	4	**909,561**	890,031
Consultancy and other professional fees		**838,691**	698,676
Finance charges		**148,544**	162,704
Audit fees		**21,800**	19,800
Advertising & media monitoring		**15,624**	8,770
Loss / (Gain) on asset disposals		**(1,423)**	808
Depreciation	6	**264,013**	265,213
Total Expenditure		**(11,848,053)**	(12,179,912)
Operating surplus		**3,023,442**	2,399,868
Fair value movement in financial assets	7	**999,981**	1,682,613
Interest payable/receivable		**-**	12,226
Investment income		**69,484**	57,225
Surplus for the year	11	**4,092,907**	4,151,932
Transfer from / (to) pension reserve	11	**569,000**	570,000
Balance Brought Forward at 1st January		**31,868,850**	27,146,918
Balance Carried Forward at 31st December		**36,530,757**	31,868,850

The Statement of Cash Flows and Notes on pages 51 - 63 form part of the financial statements.

Approved by the Council on and signed on its behalf by

Dr. Rita Doyle
President

Mr. Philip Brady
Chief Executive Officer

Dated: 5th May 2021

Statement of Comprehensive Income

for the year ended 31st December 2020

	Notes	2020 €	2019 €
Surplus for the year		**4,092,907**	4,151,932
Experience (loss) / gain on retirement benefit obligations		**(780,000)**	380,000
Change in assumptions underlying the present value of retirement benefit obligation	**10 (b)**	**(2,613,000)**	(2,628,000)
Adjustment to deferred retirement benefit funding	**10 (b)**	**566,000**	452,000
Revaluation Gain	**11**	**-**	19,800
Total comprehensive income for the year		**1,265,907**	2,375,732

The Statement of Cash Flows and Notes on pages 51 - 63 form part of the financial statements.

Approved by the Council on and signed on its behalf by

Dr. Rita Doyle
President

Dated: 5th May 2021

Mr. Philip Brady
Chief Executive Officer

Statement of Financial Position

for the year ended 31st December 2020

	Notes	2020	2019
		€	€
Non-Current Assets			
Property, plant and equipment	**6**	**1,590,921**	1,470,874
Financial assets	**7**	**35,702,077**	11,777,035
		37,292,998	13,247,909
Current Assets			
Receivables	**8**	**926,318**	992,715
Cash and cash equivalents		**6,810,564**	25,804,302
		7,736,882	26,797,017
Current Liabilities (amounts falling due within one year)			
Payables	**9**	**(8,479,323)**	8,156,276
Net Current Assets		**(742,441)**	18,640,740
Total Assets less Current Liabilities (before retirement benefits)		**36,550,557**	31,888,650
Deferred funding asset for pensions	**10 (b)**	**2,900,000**	1,890,000
Retirement benefit obligations	**10 (b)**	**(28,437,000)**	(24,031,000)
Net Assets		**11,013,557**	9,747,650
Representing			
Retained revenue reserves	**11**	**36,550,557**	31,888,650
Retirement benefit reserve	**11**	**(25,537,000)**	(22,141,000)
Total		**11,013,557**	9,747,650

The Statement of Cash Flows and Notes on pages 51 - 63 form part of the financial statements.

Approved by the Council on and signed on its behalf by

Dr. Rita Doyle
President

Dated: 5th May 2021

Mr. Philip Brady
Chief Executive Officer

Statement of Cash Flows

for the year ended 31st December 2020

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

	2020	2019
	€	€
Net Cash Flows from Operating Activities		
Excess Income over expenditure	**4,092,907**	4,151,932
Net deferred funding for pensions	**(444,000)**	(416,000)
Depreciation and impairment of property, plant & equipment	**264,013**	265,212
Gain on Disposals of Assets	**(1,423)**	904
Decrease / (increase) in receivables	**66,397**	38,474
Interest received	**-**	(12,226)
Increase / (decrease) in payables	**323,047**	(375,917)
Increase / (decrease) in retirement benefits charge	**1,013,000**	986,000
Receipts from investment portfolio	**(69,484)**	(57,225)
Payments of portfolio management fee	**44,135**	44,863
Fair value movement in financial assets	**(999,981)**	(1,682,613)
Net Cash Inflow from Operating Activities	**4,288,611**	2,943,404
Cash Flows from Investing Activities		
Interest received	**-**	12,226
Interest Expense	**288**	-
Payments to acquire property, plant & equipment	**(384,276)**	(234,842)
Investment in Cautious Multi-Asset portfolio	**(18,900,000)**	-
Investment in Short Duration European Bonds	**(4,000,000)**	-
Gain on Asset Disposal	**1,639**	-
Net Cash Flows from Investing Activities	**(23,282,349)**	(222,616)
Net Increase / (decrease) in Cash and Cash Equivalents	**(18,993,738)**	2,720,788
Cash and cash equivalents at 1st January	**25,804,302**	23,083,514
Cash and Cash equivalents at 31st December	**6,810,564**	25,804,302

Notes to the Financial Statements

for the year ended 31st December 2020

1. Accounting Policies

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

a) General Information

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

The Medical Council's primary objective is to protect the public by promoting and better ensuring high standards of professional conduct and professional education, training and competence among registered medical practitioners as set out in Part 2 S.6 of the Medical Practitioners Act 2007.

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

b) Statement of Compliance

The financial statements of the Medical Council 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 2020 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 2020

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 2020

k) Receivables

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

l) Critical Accounting Judgements and Estimates

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

Impairment of Property, Plant and Equipment

Assets that are subject to amortisation are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

The recoverable amount is the higher of an asset's fair value less cost to sell and value in use. For the purpose of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash flows (cash generating units). Non-financial assets that suffered impairment are reviewed for possible reversal of the impairment at each reporting date.

Depreciation and Residual Values

The Head 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 2020

2. Income

Income items are made up as follows:

	2020 €	2019 €
Retention fees		
Annual retention fee payable by Doctors to retain their Registration on the Medical Register	**12,074,445**	11,763,740
Registration fees		
Internship	**315,245**	231,210
General registration	**2,012,155**	1,967,140
Restoration to General Register of Medical Practitioners	**115,670**	69,890
Specialist registration fees	**116,840**	125,810
	2,559,910	2,394,050
Miscellaneous income		
Service fees	**15,400**	26,725
Accreditation fees	**-**	-
Examinations	**-**	126,715
Certificate of good standing	**151,610**	172,905
Late payment fee	**250**	35,346
Legal costs recovered	**3,000**	3,000
Other	**66,880**	57,299
	237,140	421,990

3. Employees and Remuneration

	2020 €	2019 €
The staff costs are comprised of:		
Wages and salaries	**4,095,683**	3,748,844
Social welfare costs	**404,322**	371,464
	4,500,005	4,120,308
Retirement benefit costs (Note 10a)	**1,191,568**	1,134,106
	5,691,573	5,254,414

Notes to the Financial Statements

for the year ended 31st December 2020

3.1 Pension-related deductions

	2020 €	2019 €
Pension-related deductions	**85,259**	97,906
Amount due to the Department at year-end.	**8,004**	7,940

3.2 Bonus payments

No Bonus payments were made to staff during 2020 or 2019.

3.3 Aggregate Employee Salary costs

	Salary Costs	Termination benefits	Post-employment benefits	Other
Aggregate employee salary	2,978,218	-	-	-
Key management personnel	735,134	-	-	-
Chief Executive Officer	130,624	-	-	-

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 2020 was 77 and during the year 2019 was 79.

4. Expenditure

Expenditure items are made up as follows:

	2020 €	2019 €
General Administration		
Insurance	**93,843**	85,886
Light and heat	**53,825**	74,082
Repairs and maintenance	**81,534**	80,099
Printing, postage and stationery	**44,094**	46,842
File administration and storage	**21,788**	11,813
Telephone and broadband charges	**48,975**	49,600
Computer costs	**350,798**	273,782
Caretaking and cleaning	**41,831**	40,460
Security	**12,930**	30,843
Accreditations	**9,600**	132,105
Research	**49,136**	14,931
General expenses	**73,998**	23,143
Internal Audit	**27,209**	26,445
	909,561	890,031

Notes to the Financial Statements (continued)

for the year ended 31st December 2020

5. Taxation

Section 32 of the Finance Act 1994 provides exemption from taxation on investment income of the Medical Council. The Medical Council is, however, not entitled to a repayment of D.I.R.T. where this has been deducted from deposit interest.

The Medical Council is a Non Commercial State Sponsored Body within the meaning of Section 227 Taxes Consolidation Act and Schedule 4 of that Act.

The Medical Council does not charge VAT on its fees and it does not reclaim VAT on its purchases.

6. Property, Plant & Equipment

	Buildings & Leasehold Improvements	Office Equipment	Fixtures and Fittings	Computer Equipment	Total
Cost	€	€	€	€	€
As at 1st January 2020	1,970,769	17,021	1,194,265	1,119,989	4,302,044
Additions	7,620	943	2,915	166,141	177,619
Disposal	-	-	-	206,657	206,657
Revaluation	-	-	-	(1,780)	(1,780)
At 31st December 2020	1,978,389	17,964	1,197,180	1,491,007	4,684,540
Accumulated Depreciation					
As at 1st January 2020	737,136	13,914	1,112,411	967,709	2,831,170
Charge for the year	95,708	2,464	16,678	149,163	264,013
Disposals	-	-	-	(1,564)	(1,564)
At 31st December 2020	832,844	16,378	1,129,089	1,115,308	3,093,619
Net book value					
At 31st December 2020	1,145,545	1,586	68,091	375,699	1,590,921
At 31st December 2019	1,233,633	3,107	81,854	152,280	1,470,874

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 €15,772 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 2020

6.1 Property, Plant & Equipment Prior Year

Cost	Buildings & Leasehold Improvements €	Office Equipment €	Fixtures and Fittings €	Computer Equipment €	Total €
As at 1st January 2019	1,931,674	49,647	1,171,990	1,048,239	4,201,550
Additions	39,095	-	20,507	175,240	234,842
Disposal	-	(32,626)	(18,032)	(103,490)	(154,148)
Revaluation	-	-	19,800	-	19,800
At 31st December 2019	1,970,769	17,021	1,194,265	1,119,989	4,302,044
Accumulated Depreciation					
As at 1st January 2019	642,014	42,758	1,116,928	917,501	2,719,201
Charge for the year	95,122	3,142	13,515	153,434	265,213
Disposals	-	(31,986)	(18,032)	(103,226)	(153,244)
At 31st December 2019	737,136	13,914	1,112,411	967,709	2,831,170
Net book value					
At 31st December 2019	1,233,633	3,107	81,854	152,280	1,470,874
At 31st December 2018	1,289,660	6,890	55,061	130,738	1,482,349

7. Financial Assets

	2020 €	2019 €
Fair Value		
At 1st January	**11,777,035**	10,082,060
Transfer New investments 2020	**22,900,000**	-
Fair value movement in financial assets	**999,981**	1,682,613
Investment income	**69,484**	57,225
Management fee	**(44,135)**	(44,863)
Interest income/(expenditure)	**(288)**	-
Funds To / (From) Portfolio	**-**	-
At 31st December	**35,702,077**	11,777,035

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.

COVID-19

The Medical Council's investment Portfolio is managed by Davy, the portfolio witnessed a 10.48% decrease in value in Q1 2020 as a result of the decline in the global economy due to Covid-19. The Council's portfolio has made a significant recovery throughout 2020 and has increased by 3% as at 31st December 2020. Davy continue to manage the Council's investment portfolio ensuring appropriate strategies and diversification of the Council's portfolio are in place to reduce exposure to losses as the Covid-19 crisis continues. Davy provide the Medical Council Management team, AFRC and Council with regular updates to closely monitor Council's investment portfolio. Davy are contracted to manage the portfolio up to 31st December 2021.

Notes to the Financial Statements (continued)

for the year ended 31st December 2020

8. Receivables

	2020	2019
	€	€
Prepayments	**838,943**	877,333
Trade receivables	**67,029**	94,422
Sundry receivables	**20,346**	20,960
	926,318	992,715

Included in prepayments is an amount of €484,200 (2019: €524,550) 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

	2020	2019
	€	€
Amounts falling due within one year		
Trade payables and accruals	**1,371,099**	1,152,638
Taxation	**159,794**	148,220
Deferred income - retention fees	**6,163,368**	5,924,218
Provision for legal costs	**411,000**	445,000
Bequest to charity / research	**374,062**	486,200
	8,479,323	8,156,276

Movement in legal provision:		
Legal provision at 1st January	**445,000**	515,000
Utilised in 2020	**(195,000)**	(190,000)
Provided for in 2020	**161,000**	120,000
	411,000	445,000

The Deferred income figure of €6.1m reflects retention fee income received in 2020 which pertains to a portion of 2021, this figure was €5.9m in 2019.

Notes to the Financial Statements

for the year ended 31st December 2020

10. Retirement Benefit Costs

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

	2020	2019
	€	€
Medical Council defined benefit scheme		
Current service costs	**712,000**	568,000
Interest Pension Costs	**260,000**	372,000
Employee contributions	**(81,398)**	(79,619)
	890,602	860,381
Single public sector scheme		
Current Service Cost	**418,000**	397,000
Interest Pension Costs	**26,000**	19,000
Deferred retirement benefit funding	**(444,000)**	(416,000)
Employer Contribution	**300,966**	273,725
	300,966	273,725

As detailed in the account 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 **€1,191,568**

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 €300,966 represents the Medical Councils employer contributions to the Single Public Service Pensions scheme for the period 1st January 2020 to 31st December 2020.This liability has been remitted to the Department of Public Expenditure and Reform.

In addition, employee contributions by SPSPS members amounted to €100,322 in 2020 and were remitted to the Department of Public Expenditure and Reform.

Notes to the Financial Statements (continued)

for the year ended 31st December 2020

b. Movement in net retirement benefit obligations

	2020 €	2019 €
Net retirement benefit obligations at 1st January	**24,031,000**	20,797,000
Current service cost	**1,130,000**	965,000
Interest costs	**286,000**	391,000
Actuarial loss/(gain)	**3,393,000**	2,248,000
Retirement benefits paid in the year	**(403,000)**	(370,000)
Medical Council defined benefit scheme Total	**28,437,000**	24,031,000
Medical Council defined benefit scheme	**25,537,000**	22,141,000
Single Public Sector Pension Scheme	**2,900,000**	1,890,000
Net retirement benefit obligations at 31st December	**28,437,000**	24,031,000

Single Public Sector Pension Scheme Deferred Funding

The deferred funding asset of the Single Public Pension Scheme increased by €1,010,000 from 2019 to 2020, €444,000 of the deferred funding asset is included within retirement benefit costs in the Statement of Income and Expenditure and Retained Reserves, the remaining €566,000 increase has been accounted for through 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

	2020 €'000	2019 €'000	2018 €'000	2017 €'000
Defined benefit obligations	**28,437**	24,031	20,797	19,391
Experience losses / (gains) on defined benefit scheme obligations	**2,827**	1,796	592	1,062

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 2020. 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).

	2020	2019
Rate of increase in salaries	**2.50%**	2.70%
Rate of increase in retirement benefits in payment	**2.00%**	2.20%
Discount rate	**1.20%**	1.90%
Inflation rate	**1.50%**	1.70%

Notes to the Financial Statements

for the year ended 31st December 2020

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

	2020	2019
Male aged 65	21.5 years	21.5 years
Female aged 65	24.0 years	24.0 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 2020.

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 2020	**(22,141,000)**	**31,888,650**	**9,747,650**
Surplus for the year	**-**	**4,092,907**	**4,092,907**
Surplus on Revaluation Actuarial loss for the year	**(2,827,000)**	**-**	**(2,827,000)**
Transfer to retirement benefits reserve	**(569,000)**	**569,000**	**-**
At 31st December 2020	**(25,537,000)**	**36,550,557**	**11,013,557**

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 €569,000 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 €972,000 and the benefits paid out in the year of €403,000.

Notes to the Financial Statements (continued)

for the year ended 31st December 2020

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 2020 the Medical Council had the following future minimum lease payments under non-cancellable operating leases for each of the following periods:

	2020 €	2019 €
Payable within one year	827,500	820,000
Payable within two to five years	3,310,000	3,280,000
Payable after five years	5,792,500	6,560,000
	9,930,000	10,660,000

Operating lease payments recognised as an expense were €827,500 (2019: €820,000). In September 2018 the Medical Council entered into a contract for additional office space due to limited space at Kingram House. The cost of this for 2020 included in the Rent and Rates expense was €65,605.

13. Contingent Liabilities

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

14. COVID-19

Impact of Covid-19 on the Medical Council

The impact of Covid-19 on the Council, can be said to have challenged the organisation, tested the ability to conduct business and demonstrated an organisation which has risen to those challenges.

Overall

The Medical Council was required to close its office in Kingram House on 16th March 2020 due to a potential Covid-19 case. While a small staffing presence has been maintained at Kingram House, post the initial close down, all other staff have been required to work from home.

The Council had limited working remotely capability and over a four-week period, the Council's ICT section successfully upgraded systems, firewalls, etc., to enable all staff to work from their homes. This included a purchase of laptops for each member of staff. This was followed by provision of other peripherals including a second screen, keyboard and mouse.

Similar work was undertaken by the Facilities section in the conducting of remote occupational health assessments of workspaces, and provision of any equipment identified as being needed following the assessments.

Regulation Directorate

The impact of Covid-19 has been felt most, arguably, in our capacity to hold inquiries during the pandemic, especially during level 5 conditions.

Notes to the Financial Statements

for the year ended 31st December 2020

14. COVID-19 continued

The following table provides an insight into the work regarding Fitness to Practise inquiries;

Inquiries Held	2019	2020	2021
Completed	34 (18 of which were disposed of by way of undertaking pursuant to section 67)	27 (16 of which were disposed of by way of undertaking pursuant to section 67)	1 (disposed of by way of undertaking pursuant to section 67)
Number of pending inquiries	71	75	77

Due to the fact that the Council is currently unable to hold Fitness to Practise inquiries since 1st January 2021, there are currently 77 cases in this list. Of the cases that are ready to be heard, advice from panel law firms, engaged by the Council, indicate four cases can be heard remotely, with a potential of 2 to 3 further cases are currently at a stage where they are nearly ready to proceed and to be heard remotely in the next 2-4 months.

Professional Competence, Research & Ethics Directorate

In relation to Professional Competence, the Council announced very shortly after Covid-19 that demands on the health service escalated changes to the requirements for maintenance of professional competence. These changes included no reporting requirements for doctors for the 2019-20 reporting year and a reduction to the credits required for the 2020-21 reporting year. This has provided opportunities for two significant projects relating to the development of an accreditation model for provider of CPD activities and a revision of the delivery model with the post-graduate training bodies.

Education & Training Directorate

Our Education & Training activities relating to accreditations have both paper-based and site inspection elements. Following advice, accreditations have been conducted in part, with the paper-based assessments having been carried out. The inspection elements will be conducted at a future point, when social distancing requirements have been lifted, to a point where inspections can be undertaken safely.

Registration Directorate

Annual retention of doctors on the register was successfully conducted within the normal timelines for the 2020 retention process.

Also, the Council was required to establish a “Covid Register” to enable doctors who had retired or left the register to work in other jurisdictions, to re-register to assist in the ramping up of health care services for the purpose of Covid-19. This was supported by the development of an online application, of which 400 doctors availed, in order to come back on the Register.

Return to Kingram House

General Counsel is continuing to monitor the back to work protocols. The Medical Council expects to be in the construction phase of our office refurbishment project at the time when the government remove the advice to work from home. By the time staff return to Kingram House (estimated to be some time in Q3 2022) the Council will benefit from the knowledge of how other public bodies have managed returning to working in an office environment.

15. Approval of Financial Statements

The financial statements were approved by the Council on 5th May 2021.

Appendices

Appendix A

Council Meetings, January 1st – December 31st 2020

Council Member	Council Meetings (10)	Extraordinary Meetings (15)	Total
Dr Rita Doyle	10	13	23
Dr Anthony Breslin	3	1	4
Dr John Barragry	10	7	17
Ms Vicky Blomfield	9	9	18
Ms Teresa Bulfin	10	11	21
Dr Thomas Crotty	9	11	20
Dr Suzanne Crowe	9	11	20
Dr Marcus De Brun[2]	0	0	0
Mr Joe O'Donovan	7	6	13
Ms Mary Duff	8	3	11
Prof Fidelma Dunne	6	3	9
Mr John Gleeson	9	14	23
Mr Paul Harkin	10	12	22
Prof John Hyland	8	8	16
Prof Mary Leader[3]	2	1	3
Prof Marina Lynch	7	7	14
Ms Alison Lindsay[1]	0	0	0
Dr Michael McGloin[4]	1	1	2
Dr Erica Maguire	2	3	5
Ms Catherine McKenna[5]	8	8	16
Dr Maeve Moran	5	2	7
Dr Aoife Mullally	8	3	11
Mr John Murray	10	13	23
Mr Tom O'Higgins	9	14	23
Prof Mary O'Sullivan	9	6	15
Mr Jim O'Sullivan	10	8	18

Please note that the Council amends its meeting structure to 10 Regulatory & 4 Governance meetings over the year, the governance meetings was quarterly held over two days of the regulatory meetings.

[1] Ms Alison Lyndsey resigned from Council on 5th March 2020

[2] Dr Marcus De Brun resigned from Council on 6th May 2020

[3] Prof Mary Leader resigned from Council on 2nd September 2020

[4] Dr Michael McGloin was appointed to the Council on 3rd November 2020 to replace Dr Marcus De Brun

[5] Ms Catherine McKenna resigned from Council on 5th November 2020

Committees

Audit, Strategy and Risk Committee

Six meetings held in 2020

The Audit, Finance & Risk Committee is chaired by Mr Joe O'Donovan. 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 is comprised of seven Council members and two external members. There were six meetings of the AFRC in 2020

Name	Meetings
Mr Joe O'Donovan (Chair)	6
Dr John Barragry[3]	1
Dr Anthony Breslin[2]	1
Dr Thomas Crotty	6
Dr Suzanne Crowe	1
Dr Marcus De Brun[1]	1
Ms Joan O'Connor	5
Mr Tom O'Higgins	5
Mr Jim O'Sullivan	5
Dr David Vaughan[4]	0

[1] Dr Marcus De Brun resigned from Council on 6th May 2020

[2] Dr Anthony Breslin resigned from Committee 3rd June 2020

[3] Dr John Barragry joined Committee in September 2020

[4] Dr David Vaughan resigned from Committee in September 2020

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

Six meetings held in 2020

The training needs of tomorrow's doctors, and ongoing education requirements of those currently registered is overseen by the Education and Training Committee. The ETC is chaired by Dr Aoife Mullally. The Committee comprised of four Council members and eight external members. There were six meetings of the ETC in 2020.

Name	Meetings
Dr Aoife Mullally (Chair)	6
Mr Declan Ashe	5
Dr John Barragry	6
Dr Deirdre Bennett	5
Ms Teresa Bulfin[3]	2
Dr John Jenkins	6
Prof Alan Johnson	6
Mr Graham Knowles	6
Prof Brendan Loftus	6
Dr Sinéad Murphy	4
Dr Carol Norton	3
Dr Gozie Offiah[2]	3
Prof Mary O'Sullivan	5
Prof Oscar Traynor	6
Dr Tom Crotty (Ex officio)[1]	
Dr Rita Doyle (Ex Officio)	

[1] Dr Crotty was elected Vice-President in July

[2] Dr Gozie Offiah joined the Committee on 10 September

[3] Ms Bulfin joined the Committee on 21 October

Registration and Continuing Practice Committee

Eight meetings in 2020

The purpose of the 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 three sub-committees, the Performance Assessor Subcommittee, the Registration Adjudication Panel (RAP): and the Registration Review Board (RRB). Terms of Reference for the Committee and its sub-committees were developed/ revised and approved during 2019.

The Committee is comprised of ten members

- Two Council members
- Eight Non-Council members

Name	Meetings
Dr Anthony Breslin	5
Ms Katharine Bulbulia	7
Ms Teresa Bulfin	8
Dr Anna Clarke	7
Mr John Gleeson	5
Dr Joe Hennessy	8
Dr Muiris Houston	7
Prof Mary Leader[1]	2
Mr Patrick Murphy	8
Dr Sinead O'Gorman	6

[1] Professor Mary Leader resigned from RCPC Committee on 16th September 2020.

Strategy and Governance Committee

Eight meetings in 2020

The Strategy and Governance Committee (SGC) was established by the Medical Council with effect from 11th June 2018.

The SGC is chaired by Mr Paul Harkin. The purpose of the Committee is to steer the Statement of Strategy project to completion; to monitor and review the implementation of the Strategy via annual Business Plans; to monitor and ensure compliance with Governance requirements and best practice; to react to escalated governance issues such as Council member complaints etc; to be responsible for the nominations and appointments of members to relevant Committees and Groups; and to steer a Learning and Development programme for Council, Committees and Groups.

The Committee is comprised of six Council members and met eight times in 2020.

Name	Meetings
Mr Paul Harkin (Chair)	8
Ms Vicky Blomfield	8
Dr Anthony Breslin	4
Dr Suzanne Crowe[1]	4
Dr Rita Doyle	8
Mr John Gleeson	7

[1] Dr Suzanne Crowe was appointed to SGC committee on 13th May 2020.

Ethics Committee

Five meetings held in 2020

A new 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 is comprised of eight members and met five times in 2020.

Ethics Committee Meetings 2020

Name	Meetings
Dr Suzanne Crowe (Chair)	5
Ms Audrey Deane	5
Dr Patrick Devitt	5
Mr John Gleeson	4
Prof Deirdre Madden*	1
Mr John Murray*	1
Dr Máirtín Ó Maoláin	4
Dr Anne Phelan	5

* Prof Madden and Mr Murray joined the Committee in late 2020.

Preliminary Proceedings Committee

Nine meetings in 2020

The Preliminary Proceedings Committee is established under Section 20(2) of the Medical Practitioners Act 2007 to consider initial complaints. Dr Tom Crotty was Chair until June 2020, while the committee has been chaired by Mr John Gleeson since July 2020. The committee consists of nine Council members and nine non-Council members.

Following the closure of the Medical Council offices due to Covid-19, it was decided that the remote PPC Meetings would now be held over two days. These two meetings count as one meeting.

Name	Meetings
Dr Thomas Crotty (Chair – until July 2020)	7
Mr John Gleeson (Chair – from July 2020)	8
Dr John Barragry	6
Ms. Kathleen Beggan[1]	0
Ms Teresa Bulfin	8
Ms Mairie Cregan	9
Ms Sandra Daly	9
Dr Marcus De Brun[2]	2
Dr Deirdre Forde	6
Prof Siobhan Gormally	8
Prof John Hyland	5
Mr Stephen Kealy	9
Dr Erica Maguire	5
Prof Geraldine M McCarthy	7
Dr Maeve Moran	6
Dr Aoife Mullally	6
Prof Fergus D O'Kelly	9
Dr Ailis Quinlan	8

[1] Ms Kathleen Beggan resigned on 5th May 2020

[2] Dr Marcus de Brun resigned from Council on 6th May 2020

Health Committee

Six meetings in 2020

The Health Committee's primary role is to monitor and support medical practitioners to maintain 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.

Name	Meetings – 6 total
Dr Rita Doyle (Chair)	6
Mr Rolande Anderson	6
Mr Patsy Brady	6
Dr Eamon Keenan	6
Dr Abbie Lane	6
Prof Marina Lynch	5
Dr Fiona Magee	6
Dr Mark Murphy	5
Dr Ailis Ni Riain	6
Dr Keith Perdue	6
Dr Andree Rochfort	6
Ms Cornelia Stuart	6

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. Inquiries are heard by a "Panel" which is made up of three members of the Fitness to Practise Committee, two non-medical members and one doctor with at least one of the members being a Council member.

Name	Attendance for FTP inquiries / Callover	FTP Meeting & training
Ms Mary Duff (Chair)	9	1
Ms Valerie Beatty	4	0
Ms Vicky Blomfield	1	0
Ms Anne Carrigy	1	1
Dr John Casey	4	0
Mr Fergus Clancy	2	0
Mr Liam G. Conroy	6	1
Dr Suzanne Crowe	2	0
Ms Mary Caroline Devins	2	1
Professor Fidelma Dunne	4	1
Mr Peter Fleming	1	1
Dr Gautam Gulati	0	0
Mr Paul Harkin	6	1
Mr Brian Horgan	0	1
Ms Veronica Larkin	4	1
Ms Marina Lynch	3	0
Dr Maire Milner	3	1
Dr Michael McGloin	0	1
Mr Stephen McGovern	3	0
Dr Claire Mc Nicholas	4	1
Mr John Murray	2	0
Ms Celine Neary	0	0
Mr Joe O'Donovan	1	0
Mr Diarmuid O'Donoghue	0	1
Tom O'Higgins	1	1
Jim O'Sullivan	3	0
Prof Mary O'Sullivan	3	0
Ms Marie Kehoe-O'Sullivan	0	0
Ms Anne Pardy	2	0
Prof Patrick K Plunkett	3	1
Mr Ronan A Quirke	2	1
Mr Eugene Renehan	1	0
Dr Michael Ryan	1	0
Ms Pauline Treanor	3	1
Dr Declan Woods	1	1

Monitoring Committee

Six meetings in 2020

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.

Name	Meetings – 6 total
Ms Vicky Blomfield (Chair)	6
Dr John Casey	6
Dr Tom Clarke	6
Prof John Hyland	5
Dr Conor McCrystal	6
Dr Ailis Ni Riain	5
Dr Seamus O'Mahony	6

Appendix B

Registration Statistics

- Pre-registration Examination Statistics
- Divisions of the Medical Register
- Categories of Applicant
- Gender Breakdown
- Age range of doctors on Register

Pre-Registration Examination Statistics

	Pass	Fail	Total
Level 3 (Clinical Based Examination) 2018	74	36	110
Level 3 (Clinical Based Examination) 2019	95	58	153
*Level 3 (Clinical Based Examination) 2020	N/A	N/A	N/A

* Due to Covid-19 restrictions, no PRES 3 assessments took place in 2020.

Divisions of the Medical Register	2020		2019		2018	
General Division	37.3%	9,212	38.7%	9,126	40.2%	9,234
Specialist Division	42.7%	10,564	42.6%	10,023	41.6%	9,577
Trainee Specialist Division	13.0%	3,220	12.7%	2,981	12.2%	2,813
Intern Registration	6.1%	1,501	5.3%	1,254	5.1%	1,166
Supervised Division	0.9%	223	0.7%	171	0.9%	206
Visiting EEA	0.0%	0	0.0%	0	0.0%	0
Total	**100%**	**24,720**	**100.0%**	**23,555**	**100%**	**22,996**

Categories of Applicant	2020		2019		2018	
Category 1 (Qualified in Ireland)	60.2%	14,885	58.8%	13,844	58.4%	13,420
Category 2	10.9%	2,690	10.8%	2,550	10.4%	2,391
Category 3	3.5%	877	3.5%	817	3.5%	806
Category 4 (Qualified outside EU/ EEA)	25.4%	6,268	26.9%	6,345	27.7%	6,379
Total	**100%**	**24,720**	**100.0%**	**23,556**	**100%**	**22,996**

	2020			2019			2018		
Gender of Doctors on the Register	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Total No. of doctors registered	13,750	10,970	24,720	13,339	10,216	23,555	13,248	9,748	22,996
%	55.6%	44.4%		56.6%	43.4%		57.6%	42.4%	

	2020				2019				2018			
Age Range	**%**	**Totals**	**Male**	**Female**	**%**	**Totals**	**Male**	**Female**	**%**	**Totals**	**Male**	**Female**
20-35	35.5%	8,778	4,170	4,608	35.7%	8,399	4,082	4,317	35.6%	8,177	4,062	4,115
36-45	25.6%	6,340	3,253	3,087	25.8%	6,086	3,186	2,900	26.0%	5,976	3,188	2,788
46-55	20%	4,933	2,972	1,961	20.0%	4,717	2,889	1,828	20.2%	4,642	2,912	1,730
56-64	12.3%	3,028	2,072	956	12.4%	2,921	2,041	880	12.2%	2,796	1,948	848
65-69	3.7%	918	692	226	3.4%	807	629	178	3.5%	803	632	171
70-80	2.7%	670	548	122	2.4%	575	470	105	2.4%	554	465	89
81-90	0.2%	46	38	8	0.2%	44	38	6	0.2%	45	38	7
Over 90	0.0%	7	5	2	0.0%	6	4	2	0.0%	3	3	0
Grand Total:	**100%**	**24,720**	**13,750**	**10,970**	**100%**	**23,555**	**13,339**	**10,216**	**100%**	**22,996**	**13,248**	**9,748**

Appendix C

Complaints and Fitness to Practise Inquiry Statistics

- Origin of Complaints received
- 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 2020	2020	2019	2018
Member of the public	219	357	331
Healthcare Professional	21	26	13
The Medical Council – The doctor's conduct came to the attention of the Medical Council whether through the media or otherwise	27	22	32
The Medical Council, having been notified by a body in another state	2	14	12
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	2	3
Healthcare Institution (private hospitals, nursing homes etc.)	1	3	2
HSE	3	4	3
Other Irish Regulatory Body	0	2	0
Patient Advocacy Group	1	0	0
Anonymous	0	1	0
Total	**279**	**431**	**396**

Complaints by Gender	2020	2019	2018
Male	223	334	300
Female	88	151	140
Total	311	485	440
Number of doctors on the Register	24,720	23,580	22,996
% of doctors complained against	1.3%	2%	1.9%

Divisions of the Register	2020	2019	2018
General Division	49	131	67
Specialist Division	172	343	241
Trainee Specialist Division	2	1	3
Intern Registration	0	0	0
Supervised Division	0	0	0
Total	**223**	**481**	**311**

Complaints by Age Ranges	2020	2019	2018
20-35 Years	13	38	34
36-45 Years	67	112	98
46-55 Years	99	156	147
56-64 Years	93	117	111
65+ Years	39	58	50
Total	**311**	**451**	**440**

Area of Qualification of doctors complained against	Male	Female	Total
Qualified in Ireland (Cat 1)	155	66	221
Qualified in EU/EEA (Cat 2)	19	11	30
Qualified outside EU/EEA (Cat 3 & 4)	49	11	60
Total	**223**	**88**	**311**

Types of Complaints Received
Categories of Complaints Received

Professional Conduct	2020	2019	2018
Criminal Convictions	3	2	2
Informing Medical Council of other regulatory proceedings/decisions, criminal charges and/or convictions.	4	8	11
Breach of the Medical Practitioners Act 2007	5	13	9
Dishonesty	12	28	32
Total	**24**	**51**	**54**

Responsibilities to Patients	2020	2019	2018
Reporting obligations concerning abuse of children/elderly/vulnerable adults	2	10	2
Treating patients with dignity	17	42	55
Refusal to treat	26	19	18
Conscientious objection	0	0	1
Emergencies	3	7	3
Appropriate Professional Skills	11	25	26
Adequate language Skills	2	6	3
Communication	105	170	161
Physical and intimate examinations	5	14	13
Personal relationships with patients	2	8	3
Assisted Human Reproduction	1	1	0
End of life care	1	1	2
Total	**175**	**303**	**287**

Professional Practice	2020	2019	2018
Maintaining Competence	0	9	16
Reporting concerns about colleagues	0	9	4
Professional relationships between colleagues	4	6	6
Professional Indemnity	0	0	0
Accepting Posts	0	2	0
Treatment of relatives	2	5	2
Advertising	2	0	8
Premises and Practice Information	4	4	1
Medical reports	18	28	22
Certification	2	7	7
Prescribing	50	51	56
Referral of patients	16	26	26
Locum and rota arrangement	1	1	1
Telemedicine	0	0	0
Retirement and transfer of patient care	2	3	1
Fees	8	11	8
Total	**109**	**162**	**158**

Medical Records and Confidentiality	2020	2019	2018
Maintenance of accurate and up to date patient medical records	5	27	15
Confidentiality	10	43	33
Total	**15**	**70**	**48**

Relevant Medical Disability	2020	2019	2018
Alcohol Abuse	5	4	1
Drug Abuse	2	4	1
Mental or behavioural illness	1	0	4
Physical illness	1	0	0
Total	**9**	**8**	**6**

Treatment	2020	2019	2018
Consent	11	16	11
Clinical investigations and examinations	56	124	82
Diagnosis	55	107	82
Follow up care	40	58	66
Surgical Procedures	15	31	26
Continuity of care	21	18	27
Other	0	0	0
Total	**198**	**354**	**294**
Total No of Categories	**530**	**948**	**847**

Complaints considered by Preliminary Proceedings Committee

PPC Decisions	2020	2019	2018
PF	26	47	39
NPF	205	341	286
Total	**231**	**388**	**325**

NPF of Which	2020	2019	2018
No further action	188	316	261
Mediation	0	0	6
Professional Competence	1	4	7
Withdrawal refused	3	2	1
Withdrawal accepted	16	18	11

** One complaint closed due to death of practitioner

Fitness to Practise Inquiries

Inquiries Held	2020	2019	2018
Completed	27	34	29
Adjourned	0	0	4
Pending	82	71	64
No. of Inquiry Days	25	75	76
Average No of days per inquiry	0.9	2.2	2.3

Outcomes of Inquiries	2020	2019	2018
Finding of Professional Misconduct	5	9	11
Finding of Relevant Medical Disability (RMD)	2	1	3
Poor Professional Performance	2	6	7
Not Guilty/Fit to engage in practice of medicine/no case	0+1 RIP	5 + 1 RIP	4
Undertaking pursuant to S67	16	10	8
Contravention of the Act	4	5	0
Failure to comply with relevant condition	0	0	1

Inquiries Held in	2020	2019	2018
Public	9	14	15
Private	18	20	11

Sanctions Imposed on a RMP by Council	2020	2019	2018
Cancellation of registration (2007 Act)	1	2	5
Conditions	3	13	7
Suspensions	0	2	0
Advise/Admonish/Censure	7	12	10
Censure in writing and fine	0	0	0
Total	**11**	**27**	**22**

Year	Represented Doctors	Unrepresented
2020	13	14
2019	18	16
2018	22	11

Reasons for Complaints held in private:	2020	2019	2018
Doctors Health	4	4	4
Respect for Privacy by Complainant	2	4	6
Nature of the Complaint	1	3	1
Completed at Preliminary Stage/Callover	11	9	3
No. of section 60* applications/undertakings to Council	**2020**	**2019**	**2018**
No. of Matters considered by Council under S60	16	8	18*
No. of Applications to High Court	8	6	9
No. of Undertakings	5	2	7

* 16 doctors were involved, with two doctors considered twice

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	2020	2019	2018
No. of doctors with conditions	14	17	19
No. of new doctors with conditions attached	9	14	12
No of doctors no longer with the Monitoring Committee	12	16	11

Health Committee	2020	2019	2018
No. of doctors supported by the Health Committee	50	45	48
No. of new doctors with the Health Committee	14	10	16
Released from support of the Health Committee	4	6	6

Reasons for Referral to Health Committee	2020	2019	2018
Substance Misuse	17	16	19
Mental Health Issue	30	26	26
General Health Issue	3	3	3

Sources of Referral to Health Committee	2020	2019	2018
Self	16	10	11
Third party	20	21	20
Medical Council	14	14	17

Appendix D

Freedom of Information Statistics

Type of Request	2020
Personal	33
Non-Personal	30
Mixed	0

No. of Freedom of Information Requests	2020
Brought Forward from Previous Year	2
Requests Received in Current Year	63
Cases answered in Current Year	63
Live Cases at Year End	2

Status of Requests	2020
Granted	6
Part Granted	29
Refused	26
Withdrawn	0
Open at Year End	2
Transferred	0

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