Comhairle na nDochtúirí Leighis
Medical Council

Annual Report

&

Financial Statements

2015

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President's Statement

I am very pleased to submit the Annual Report of the Medical Council for 2015 which was a year of major change to which Council and staff has had to adapt, adjust and learn from. There was significant change at the helm of the organisation, with Bill Prasifka being appointed as CEO and joining us in October. Following five years as chief executive, Caroline Spillane joined the private sector in June. Caroline's vision contributed to immense positive change during her tenure, and we wish her well in the future. We have been fortunate to have three very different but immensely capable leaders of the organisation in 2015. Catherine Whelan, a former Council member, also acted as interim chief executive prior to Bill taking up the post. Bill brings a wealth of experience in regulation across a number of sectors, and has already had a very positive impact on the organisation as he has come with a fresh approach and new ideas and I look forward to working with him in the coming years.

In 2015, research and engagement was again a central focus for the Medical Council as part of our commitment to setting standards and safeguarding education quality for doctors. The Your Training Counts survey of trainee doctors is in its second year, and showed areas of improvement between 2014 and 2015 as well as giving us priority areas to focus on, such as addressing bullying, which has been shown to be endemic within the profession. We are continuing to implement our own actions within the parameters of our regulatory role, while sharing the findings and collaborating with our partner organisations in order to influence change and inform policy decisions. We look forward to seeing improved findings in the coming years. On foot of the findings from Your Training Counts, we are committed to improving the intern year and in September the Medical Council, published an education and training roadmap titled "Doctors' Education, Training and Lifelong Learning in 21st Century Ireland". The aim of this roadmap is to guide the Medical Council's role in overseeing doctors' education and training across the continuum from undergraduate to retirement. This was launched at an education and training symposium which focused specifically on the intern training year. This roadmap is not just for the Medical Council, but for all of our partner organisations in the health sector to support good professional practice among doctors in the interest of patient safety.During each term of the Medical Council, our guidance on good professional practice is reviewed and revised as we want to ensure that the guidance we provide is inclusive, relevant and useful. Having sought views as part of our review of existing guidance, a Draft Guide to Professional Conduct and Ethics was published in 2015 and a consultation was held with the public, doctors and partner organisations, prior to finalisation. The final Guide to Professional Conduct and Ethics (8th edition) will be published in 2016.

For us to be effective as regulator, we must work jointly with many bodies in the health system towards a shared vision for positive change. I am very thankful to the Department of Health, the Health Service Executive, medical schools, postgraduate training bodies and colleges as well as the patient and doctor representatives whose inputs enrich our work.

I would particularly like to take this opportunity to commend Council and staff who have shown tremendous commitment and flexibility in the past year, working diligently to ensure that the Medical Council's business objectives were achieved.

Professor Freddie Wood

President

Chief Executive Officer Review

I'm delighted to publish the Medical Council's Annual Report for 2015. I began my tenure as chief executive of the Medical Council in October and since then I have been very impressed by the breadth of work being done here as well as the sheer dedication and enthusiasm of both staff and Council.

2015 was a year of change for the Medical Council but also a year of progression and development. The Medical Council is probably most well-known for registering doctors and dealing with complaints, but I think it is very important to highlight that these are only two strands of our work. Public safety and the protection of patients is an absolutely fundamental aspect of our role and in order to protect the public, we need to serve the profession we regulate by ensuring that we set high standards for doctors and safeguard their educational quality so that they are facilitated and supported to care for their patients.

In our Statement of Strategy, the Medical Council committed to enhancing patient safety through research and greater engagement. 2015 was a year in which we were in a position to publish some of the work carried out in terms of research and engagement and in July the **Listening to Complaints, Learning for Good Professional Practice** report was launched. This report represents the first time that the Medical Council has systematically reviewed complaints it has received about doctors. This is a significant piece of research and provides learning opportunities for the Medical Council, the public and the profession on the types of incidents most likely to be complained about and the profile of doctors most likely to be the subject of complaints.

In October, I was delighted to launch the Your Training Counts report in which trainees reported their career and retention intentions. Some concerning findings emerged from this report with over one-in-five trainees reporting that they didn't intend to practise medicine in Ireland for the foreseeable future and that it was the older trainees (aged between35-39) who were most likely to express an intention to leave medical practice in Ireland. For a health system already under stress, these findings are indicative that further challenges lie ahead, however we must remember that it is only when we have this evidence-based data that we can systematically take concrete actions to improve standards for doctors and ultimately patients. We now have two years of consecutive data on trainees' perceptions of the clinical environment. Our second report reaffirmed many of last year's findings, most notably on bullying and poor experiences of induction and preparedness. Not all findings were negative however, and it was very encouraging to find that once again trainees considered the quality of care at clinical environments as very good.

These reports have also enabled us to inform dialogue and collaboration between all individuals and bodies involved in medical education and training in Ireland. I hope that as a result of this we will soon begin to see significant improvements coming through.

Another aspect of our own work that I have been particularly struck by since joining the Medical Council was the high proportion of doctors who are not complying with their duty to maintain professional competence by engaging in continuous professional development activities. We have seen a number of fitness to practise inquiries where doctors have not fulfilled this legal duty, which is certainly something we do not want to keep on doing. We have found that compliance levels are lower among doctors on the General Division and we are looking at how the system can be improved to

meet the educational needs of this group of doctors and facilitate greater compliance. In 2015 there were over 20,000 doctors registered with the Medical Council which marks the highest ever number of doctors on the register. We also saw approximately 50% more registration applications being processed in 2015 and a series of registration enhancements implemented to speed up the registration process, all of which are detailed inside this report. Finally, I would like take this opportunity thank the Department of Health and our many other partner organisations within the health sector for their continued engagement throughout the year. I also wanted to express my sincere gratitude to Council and staff for being so welcoming and encouraging over the past few months and I look forward to building upon last year's achievements in 2016.

Mr. William Prasifka

Chief Executive Officer

The Role And The Functions Of The Medical Council

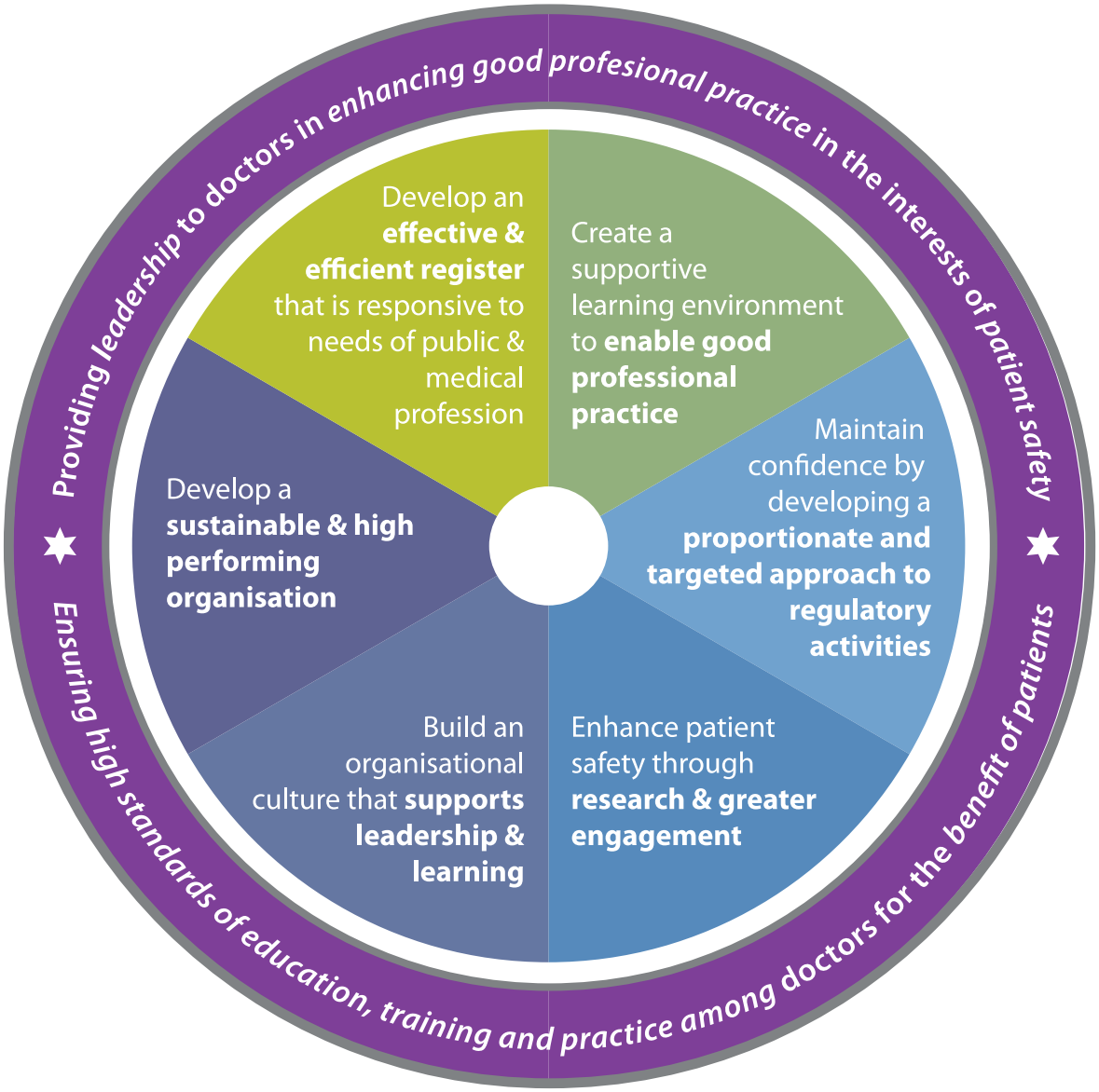
The functions of the Medical Council are governed by the provisions of the **Medical Practitioners Act 2007**

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

Statement of Strategy 2014 -2018

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

Strategy Wheel



The Medical Council's Vision, Mission and Values

Vision

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

Mission

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

Values

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

COUNCIL MEMBERS

Prof Freddie Wood (President)

Dr Audrey Dillon (Vice-President)

Dr John Barragry

Dr Anthony Breslin

Ms Katharine Bulbulia

Mr Declan Carey

Ms Anne Carrigy

Mr Fergus Clancy

Dr Seán Curran

Dr Rita Doyle

Ms Mary Duff

Prof Fidelma Dunne

Dr Bairbre Golden

Dr Ruairi Hanley

Mr Seán Hurley

Prof Alan Johnson

Ms Marie Kehoe-O'Sullivan

Prof Mary Leader

Ms Margaret Murphy

Mr John Nisbet

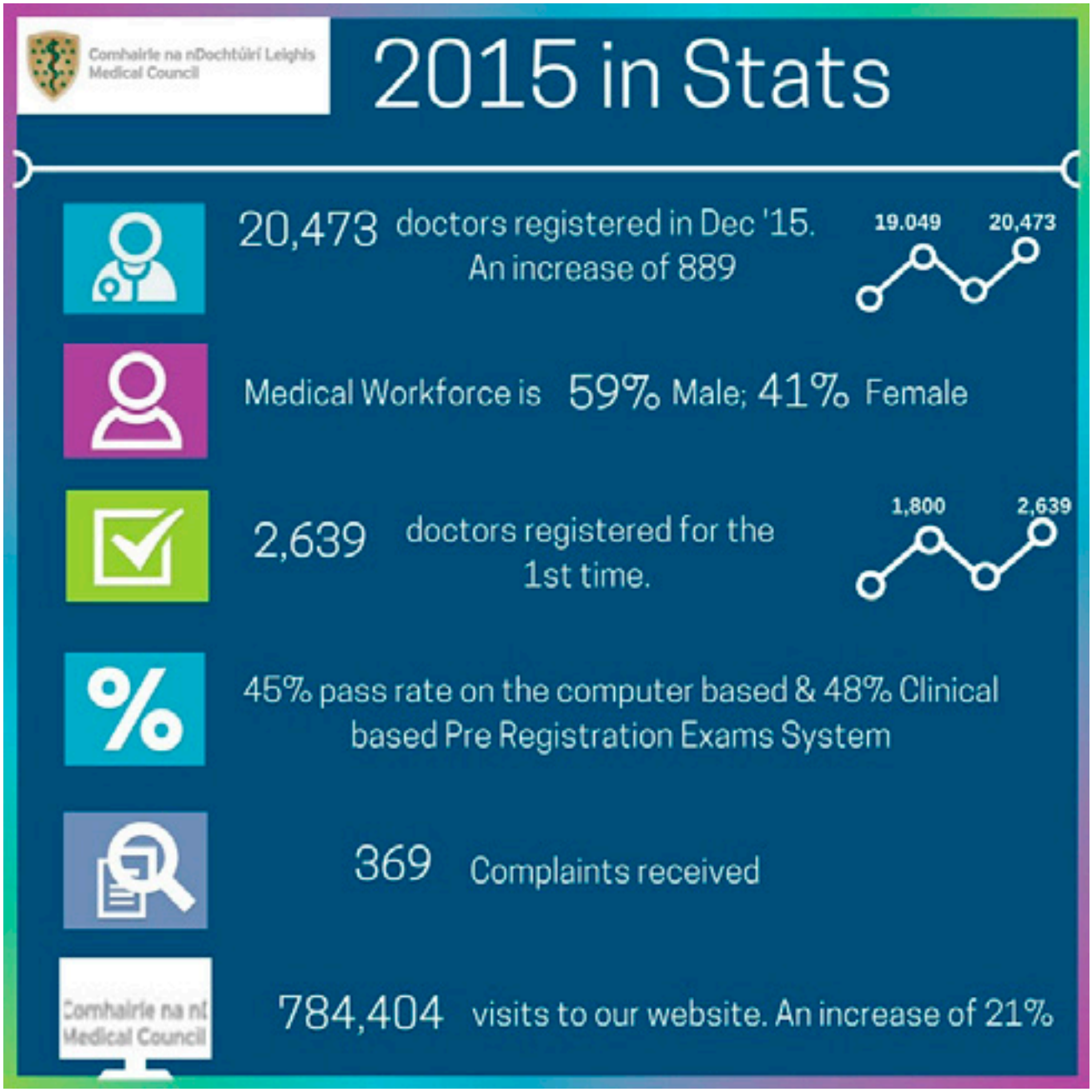
Prof Colm O'Herlihy

Mr Thomas J. O'Higgins

Dr Michael Ryan

Ms Cornelia Stuart

Dr Consilia Walsh


Comhairle na nDochtúirí Leighis
Medical Council
2015 in Stats
20,473 doctors registered in Dec '15.
An increase of 889
19,049
20,473
Medical Workforce is 59% Male; 41% Female
2,639 doctors registered for the 1st time.
1,800
2,639
45% pass rate on the computer based & 48% Clinical based Pre Registration Exams System
369 Complaints received
Comhairle na nD
Medical Council
784,404 visits to our website. An increase of 21%

STRATEGIC HIGHLIGHTS AND KEY ACTIVITIES

Strategic Objective 1:

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

Entry to the medical register allows doctors to practise medicine in Ireland. The Medical Council's work in the registration process is of pivotal importance to patients by making sure that the necessary safeguards are in place before a doctor earns the right to practise.

There was a significant increase in the number of new doctors registered in 2015 with over **2,600** doctors earning the right to practise in Ireland, compared with in **1,800** 2014.

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

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

Due to the marked increase in applications from doctors who qualified outside the EU/EEA in 2015 there was a notable effect in managing the volume of these applications with limited resources.

The Council sought to recruit staff to meet this increased demand and is hopeful of a response from the Department of Health and the Department of Public Expenditure and Reform in 2016.

Pre-Registration Examinations

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

In 2015, **560** applicants sat the pre-registration examinations to gain entry to the Irish medical register, with **45%** of the 351 who sat the computer based examination successful, and **48%** of the 209 who sat clinical examinations successful. These examinations verify that doctors who qualified outside Europe meet the standards necessary to practise safely here.

Pre-Registration Examinations	Total Sitting Exam	Pass Rate
Level 2 2015 (computer-based examination)	**351**	**45%**
Level 3 2015 (clinical-based examination)	**209**	**48%**

Registration Enhancements

In 2015, the Medical Council announced two enhancements to its registration processes for doctors who qualified outside the European Union (EU)/ European Economic Area (EEA) to streamline their application process.

From September 1st, applicant credentials, including qualifications and identity data are electronically verified to allow for a more efficient assessment of applications. This collaboration with the Educational Commission for Foreign Medical Graduates (ECFMG) to incorporate its Electronic Portfolio of Credentials into the process of assessing the medical qualifications of non EU qualified applicants will speed up the application process while maintaining a robust set of documentation checks. Applicants are now required to have their medical qualifications primary source verified before submitting an application for registration which avoids the need to verify qualifications during the assessment process and so reduces processing times.

From January 2016, Council will also enable applicants to complete computer-based pre-registration exams at a wider range of centres around the world.

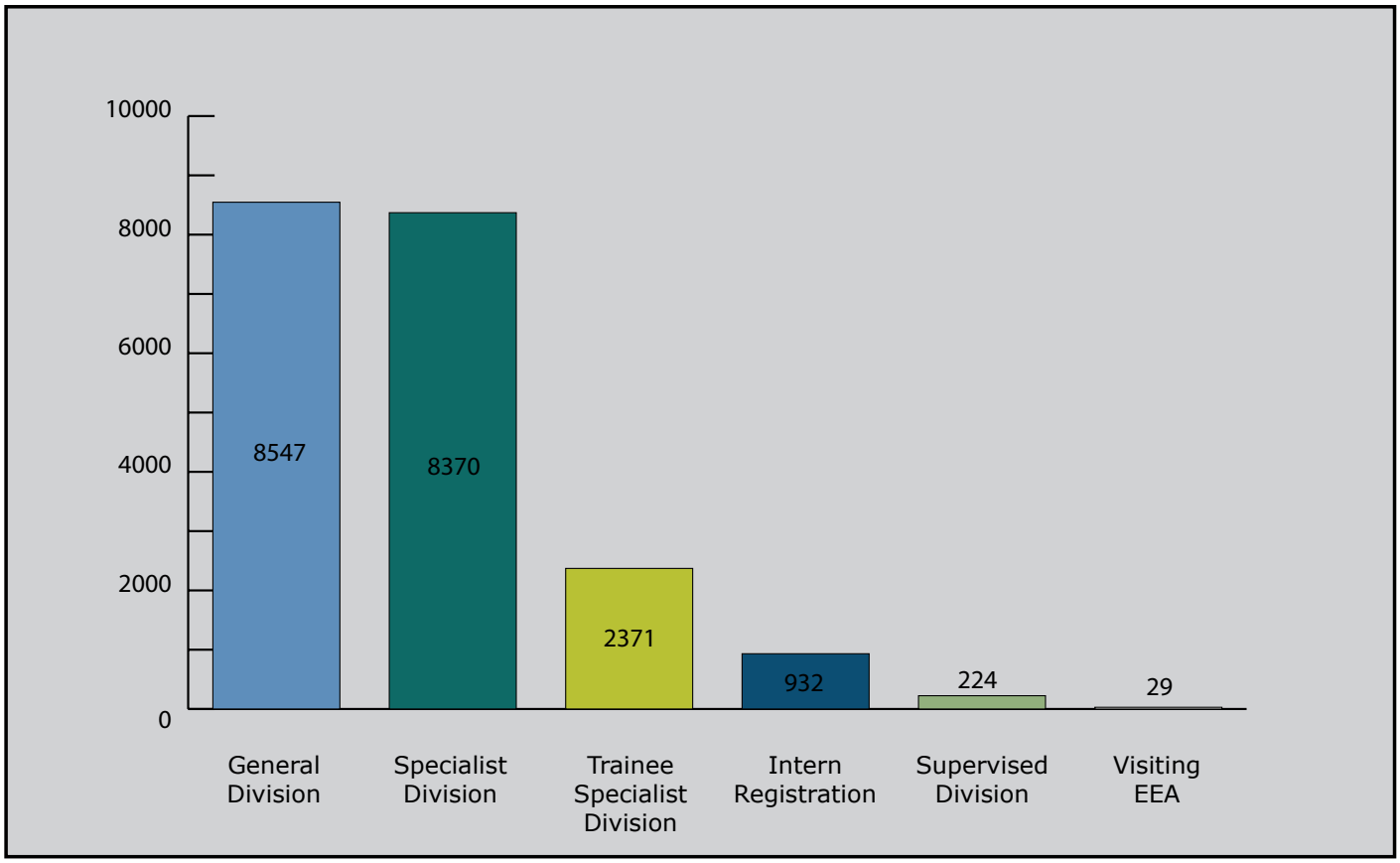
Further enhancements include:

- Improvements to the Medical Council online registration portal, with over **99%** of doctors now managing and retaining their registration online;
- Faster turnaround time on service requests, with real-time confirmation of receipt and most being dealt with within **24 hours**. These system and process enhancements have also enabled the Medical Council to complete approximately **50%** more registration applications in 2015.

As of 31st December, 2015 there were **20,473** doctors on the Register.

Divisions of the Register	Proportion of medical register	2015
General Division	**42%**	**8,547**
Specialist Division	**41%**	**8,370**
Trainee Specialist Division (TSD)	**12%**	**2,371**
Intern Registration	**5%**	**932**
Supervised Division	**1%**	**224**
Visiting EEA	**0%**	**29**
Total		**20,473**

Number of doctors registered on each division of the Medical Register 2015



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

Categories of Applicant		2015 %		2014 %		2013 %
Qualified in Ireland	12.519	**61%**	12,204	64%	11,972	66%
EU Citizen qualified in EU/EEA	2,050	**10%**	1,855	10%	1,617	9%
Non-EU Citizen qualified in EU/EEA	689	**3%**	556	3%	400	2%
Qualified outside EU/ EEA	5,215	**26%**	4,434	23%	4,171	23%
Total	20,473	**100%**	19,049	100%	18,160	100%

Web Improvements 2015

A comprehensive review of the registration website pages for 'Existing Registrants' and 'New Applicants' was completed and work was also carried on the registration section of the website in order to enhance the way in which doctors find out, via our website, which division of the register they are eligible for.

These web enhancements will go live in 2016.

Monitoring Committee Activities

Monitoring processes are in place where the Council attaches conditions to a doctor's practice. Such conditions are imposed following disciplinary action taken by the Medical Council or on first registration where an applicant has disclosed a relevant medical disability. In December 2015, 15 doctors were monitored to ensure compliance with the conditions imposed on their practice.

No. of Doctors' being monitored by the Medical Council Monitoring Committee	2015	2014	2013
No of doctors with Monitoring Committee as at 31.12.2015	**15**	26	22
No of New doctors with Monitoring Committee 2015	**4**	9	8
No longer with Monitoring Committee 2015	***14**	*5	*11

** Please note this figure is not included in the number of doctors with the Monitoring Committee at 31st December, 2015*

The Medical Intelligence Report 2015

In October 2015, The Medical Council published its third annual **Medical Workforce Intelligence report**. It contains data on the number, age, and specialist qualifications of doctors registered to practise in Ireland and on their working arrangements, day-to-day practice and region of qualification. The purpose of the report is to enhance patient safety and better support good professional practice among doctors, through generating and providing intelligence about the medical workforce in Ireland. The Medical Council's work in this area has, for example, informed the Strategic Review of Medical Training and Careers Structures (**Health.Gov.ie**) and medical workforce planning undertaken by the Health Service Executive.

Strategic Objective 2:

Create a supportive learning environment to enable good professional practice

The learning environment plays a pivotal role in shaping doctors' practice throughout their professional lives. In 2015 the Medical Council placed significant emphasis on listening to trainee views of the learning environment and identifying areas for improvement.

Your Training Counts

In 2015, the Medical Council published three reports arising from the Your Training Counts survey, which has been developed to understand the trainee experience of the learning environment and identify areas for improvement.

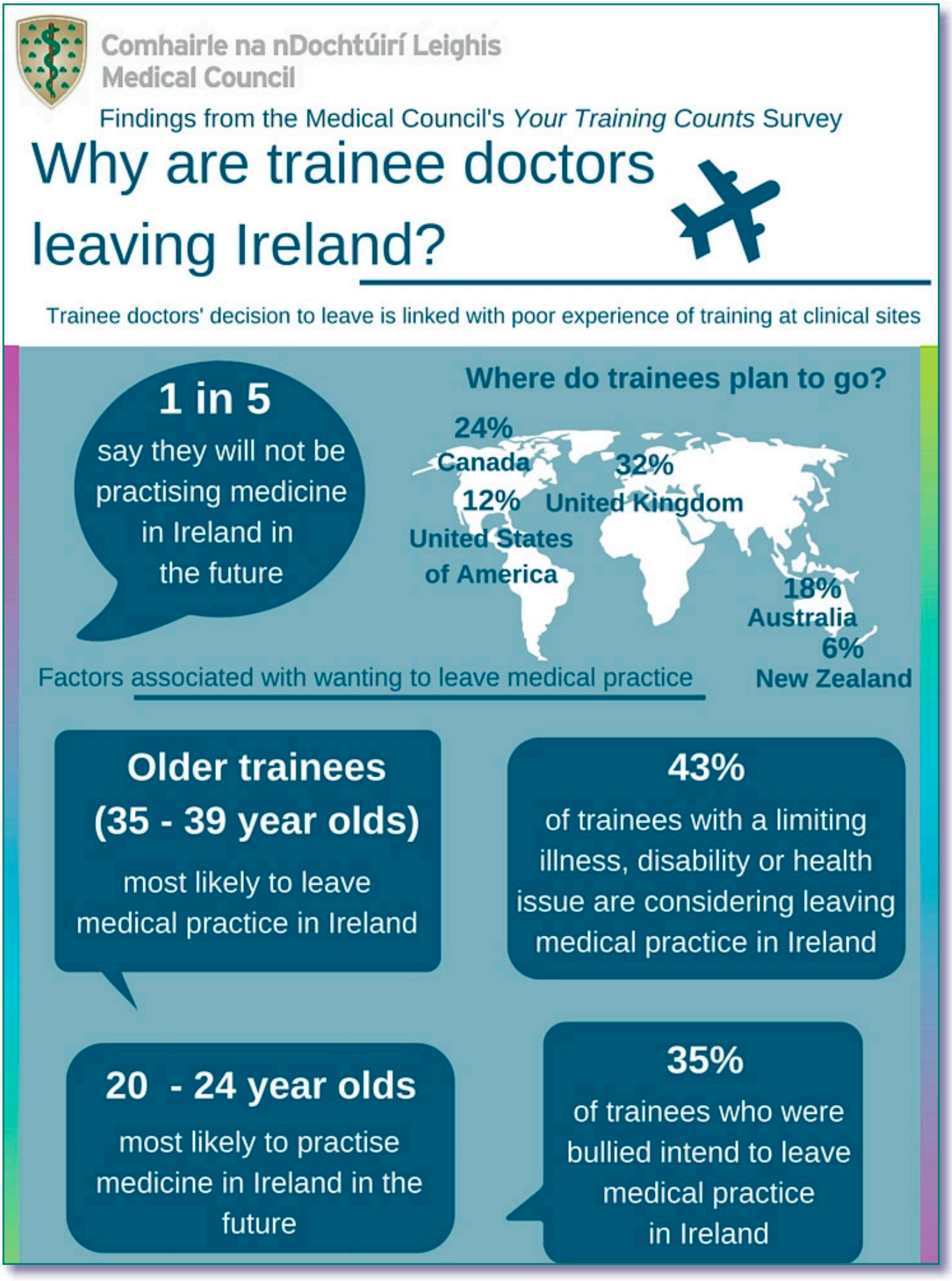
In April 2015 the Medical Council published a Your Training Counts report based on findings from the 2014 survey on the reported **health and wellbeing** of trainees.

Your Training Counts; Health & Wellbeing Statistics

In October 2015, the Medical Council published a further report from the 2014 survey on the reported **career and retention intentions** of trainee doctors.

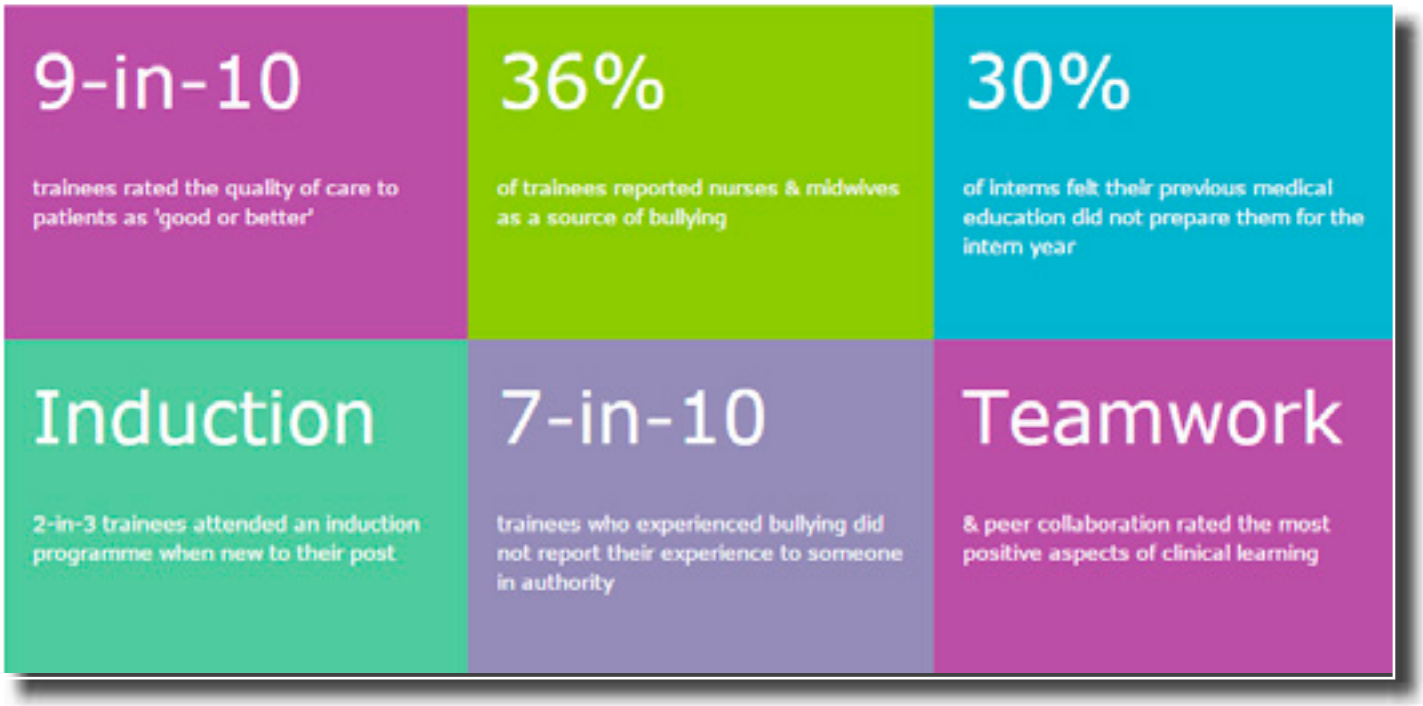
Your Training Counts; Career Intention & Retention Statistics

Factors associated with trainees wanting to leave Ireland



The second annual Your Training Counts survey was undertaken in 2015 and the **report** from this survey was published in December 2015.

Your Training Counts 2015; Clinical Environment Statistics



Quality Monitoring and Enhancement of Undergraduate Medical Education and Training

The Medical Council continued its accreditation activity in evaluating basic medical programmes, and the bodies that deliver them. Programmes which deliver an Irish degree, whether based in Ireland or overseas, are assessed against international best practice standards, using the World Federation for Medical Education Guidelines. During 2015, inspections were undertaken in NUI Galway and University College Cork.

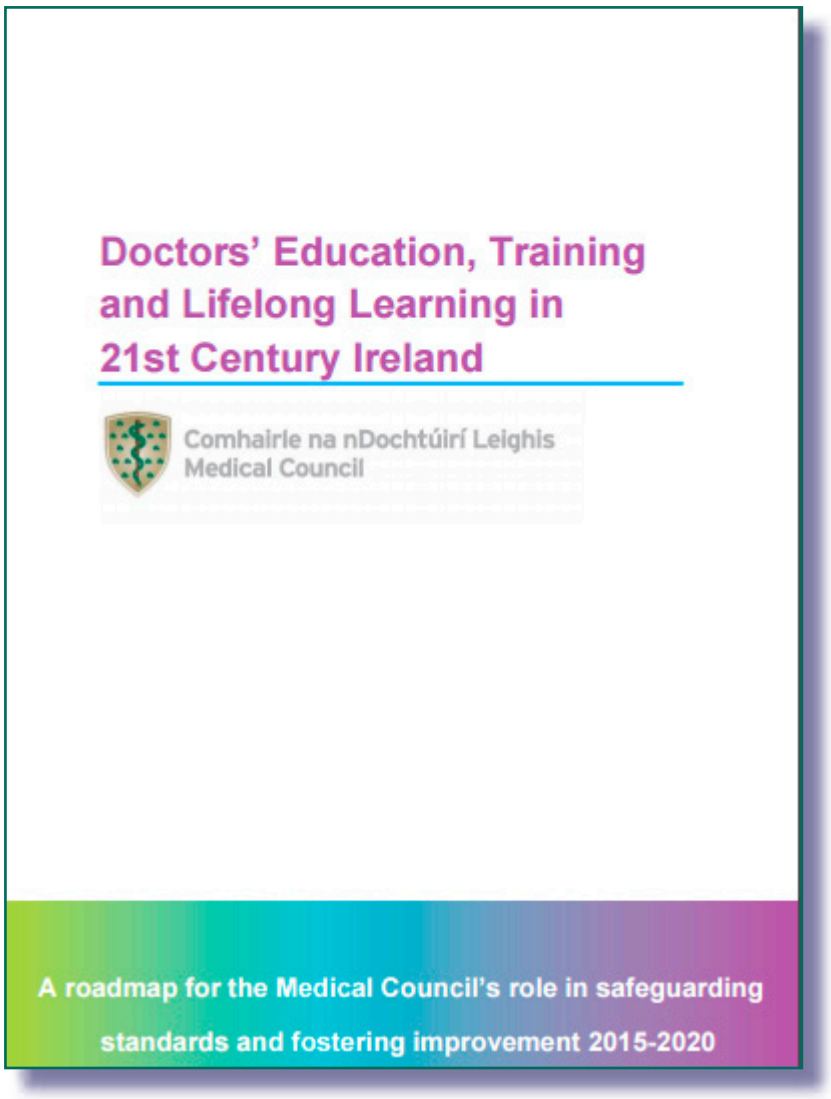
Monitoring and accreditation reports can be viewed on the **Medical Council website**.

Professionalism Guidelines

The Medical Council developed **A Foundation for the Future – Guidelines for Medical Schools and Medical Students on Undergraduate Professionalism** which was launched in December 2015. The guidelines are intended to support medical schools in fostering professionalism among students, and in dealing with any professional deficits.

Education and training roadmap

In September, 2015 the Medical Council, published an education and training roadmap titled **Doctors' Education, Training and Lifelong Learning in 21st Century Ireland**. The aim of this roadmap is to guide the Medical Council's role in overseeing doctors' education and training across the continuum from undergraduate to retirement. This was launched at an education and training symposium which focused specifically on enhancing the intern training year.



Anatomy

In 2015, the Medical Council approved the Code of Practice for Anatomical Examination which was drafted by the Inspector of Anatomy, Prof D. Ceri Davies following a period of development and consultation with stakeholders. The Code of Practice was developed to consolidate current practice and support continuing improvement in this area.

The Medical Council continues to maintain a database of anatomy donors and approximately 100 donations were made to medical schools in Ireland during 2015.

The full returns are:

Medical School	No. of anatomical donations
National University of Ireland Galway	16
Royal College of Surgeons in Ireland	23
Trinity College Dublin	18
University College Dublin	12
University College Cork	28
Total	**97**

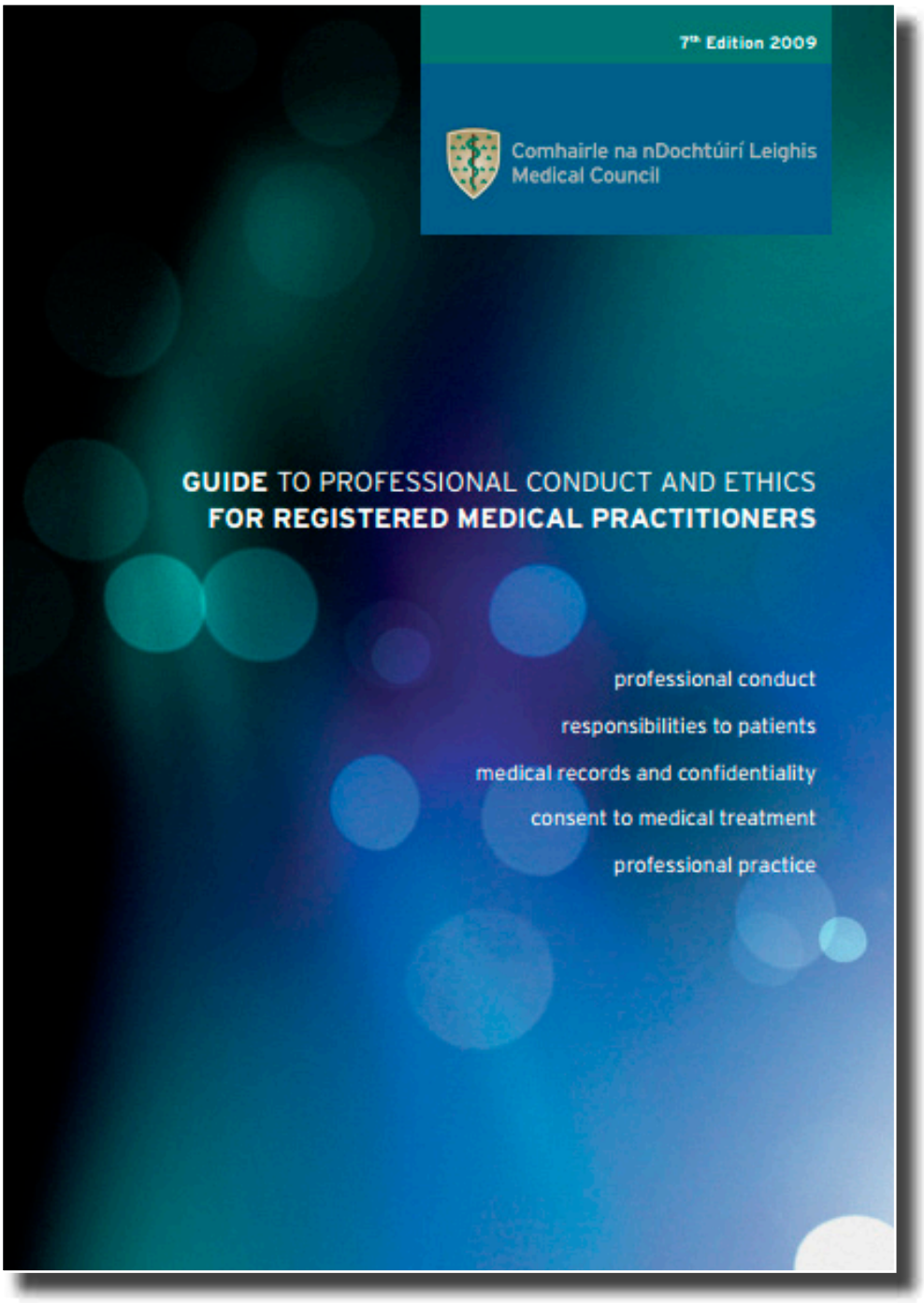
Intern Medical Education and Training

The Medical Council continued its oversight of the standards of education and training of interns which is delivered by the Intern Training Networks on training sites which have been inspected and approved by the Council. Five new intern training sites came on stream to support the delivery of the intern training programme in 2015, these sites are due to be inspected in 2016. Three new sites that came on stream in 2014 were inspected in 2015 – bringing the number of intern sites inspected and approved by the Medical Council to 54. In continuation of arrangements which commenced in 2011, the Medical Council issued certificates of experience to interns who successfully completed their intern training, and these certificates were issued on the recommendations of the six Intern Network Coordinators.

Ethical Guide Consultation

During each term, the Medical Council guidance on good professional practice is reviewed and revised. The purpose of this guidance is to ensure that the medical profession and the public have a clear understanding of the standards of practice expected from doctors. Responses to a consultation process in 2014 had highlighted a number of topics which required in depth review, as well as some additional topics to be included in the new guide, namely social media, equality and diversity, doctors in leadership and management roles and doctors as trainers.

In 2015, the Council completed its review of the 7th Edition of the Guide to Professional Conduct and Ethics (2009). Council then went out to consultation on a draft 8th Edition of the guide and received feedback from members of the public, registered doctors and partner organisations, including representatives from public/patient interests, other healthcare professionals, interest groups for doctors, health service employers, indemnity insurers, healthcare trainers and educators, government and other healthcare regulators.



Medical Specialties

In October the Medical Council, with the consent of Minister Leo Varadkar recognised Military Medicine as a new specialty.

Specialty recognition provides a mandate for the establishment of a domestic programme of specialist training in Military Medicine. Programmes of specialist training are evaluated through a separate accreditation process and against the Medical Council accreditation standards for postgraduate medical education and training. The Medical Council now recognises 57 specialties under the **Medical Practitioners Act 2007**.

Postgraduate Training Sites

Inspections

The Medical Council approved criteria for the evaluation of training sites which support the delivery of specialist training in 2014. The development of these criteria took into account the following – (a) the criteria which are currently applied by the Medical Council in its evaluation of sites for undergraduate and intern training purposes; (b) the criteria applied by postgraduate training bodies in Ireland in their selection and evaluation of clinical training sites; and (c) the criteria and inspection processes which are applied within and outside the State by bodies performing similar functions to those of the Medical Council. In 2015, training sites were requested to complete a self-evaluation against Council's criteria and to provide Council with confirmation that this activity has been completed. In addition, sites were asked to provide Council with some baseline information regarding the operation of specialist training on site.

Professional Competence

All doctors have a legal requirement to keep their knowledge and skills up-to-date by meeting professional competence requirements set by the Medical Council. Each year, a sample of doctors are audited to ensure compliance, and the Medical Council has the power to begin disciplinary procedures where a doctor has been found to be neglecting this legal duty.

In 2015, the Medical Council made 14 complaints against doctors who despite renewing registration with the Medical Council for 2015 had not responded to the audit requirements.

The Medical Council renewed its arrangements with recognised postgraduate medical training bodies for operation of professional competence schemes.

Doctors' Health

The Medical Council Health Committee plays an important role in supporting doctors to continue in practise during illness once there is no risk to patient safety. In December 2015, 41 doctors were supported by the Health Committee, most commonly for addiction and mental health reasons.

Health Committee	2015	2014	2013
No. with Health Committee as at 31.12.2015	**41**	35	35
No. of new doctors with Health Committee in 2015	**16**	8	9
Discharged from Health Committee in 2015	***10**	*8	*10

*Please note this figure is not included in the number of doctors with the Health Committee at 31st December, 2015

Strategic Objective 3:

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

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

Investigation of Complaints

In 2015, 369 complaints were received by the Medical Council. Each complaint is investigated by the Preliminary Proceedings Committee (PPC) with the help of a dedicated case officer before a decision is made. During the year, the PPC referred 60 cases for a fitness to practise inquiry, 3 complaints were referred to another body or authority and 14 doctors were referred for a performance assessment of their practice.

Supreme Court Judgment

Poor professional performance is one of seven grounds of complaint considered by the Medical Council. In a judgment delivered in February 2015, the Supreme Court found that in order for there to be a finding of poor professional performance in relation to any error on the part of a doctor, a threshold of seriousness applies. In effect, for any complaint made to the Medical Council to be referred to Fitness to Practise Inquiry on such grounds, the matter must be of a serious nature.

This judgment clarified the types of complaint that can be subject to fitness to practise inquiries, and underscored the importance of resolution of complaints at local level, where the legal standard of seriousness would not be reached.

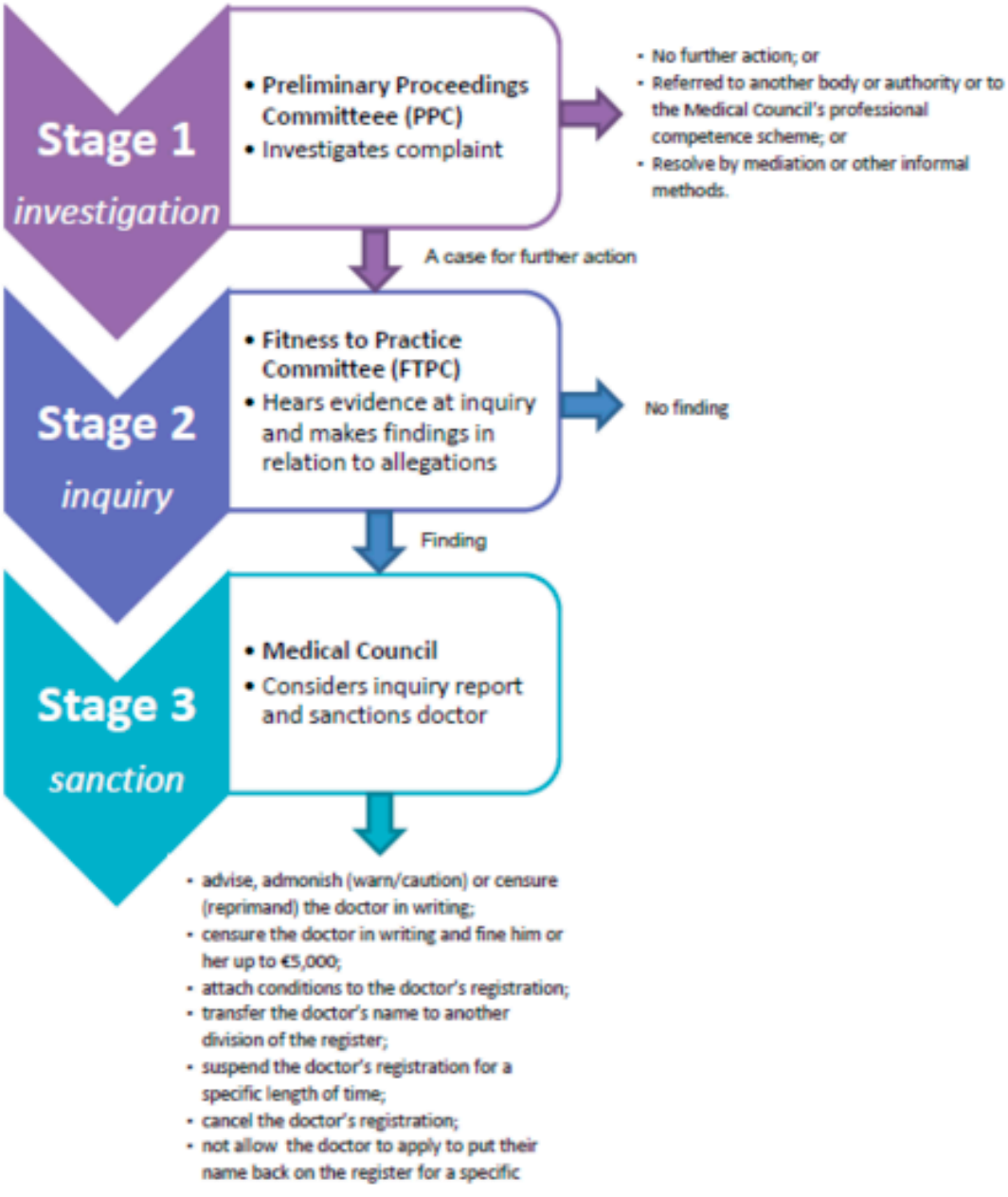
Improving information on complaints processes

In order to improve the accessibility of information on the complaints process, a review was undertaken of information on **medicalcouncil.ie**. The revised content went live at the end of 2015, and provides more streamlined information explaining the legal process for handling complaints about doctors. A **video tour** of the Medical Council inquiry room was also developed to help witnesses and doctors prepare for what can be a stressful experience in giving evidence before a fitness to practise committee.

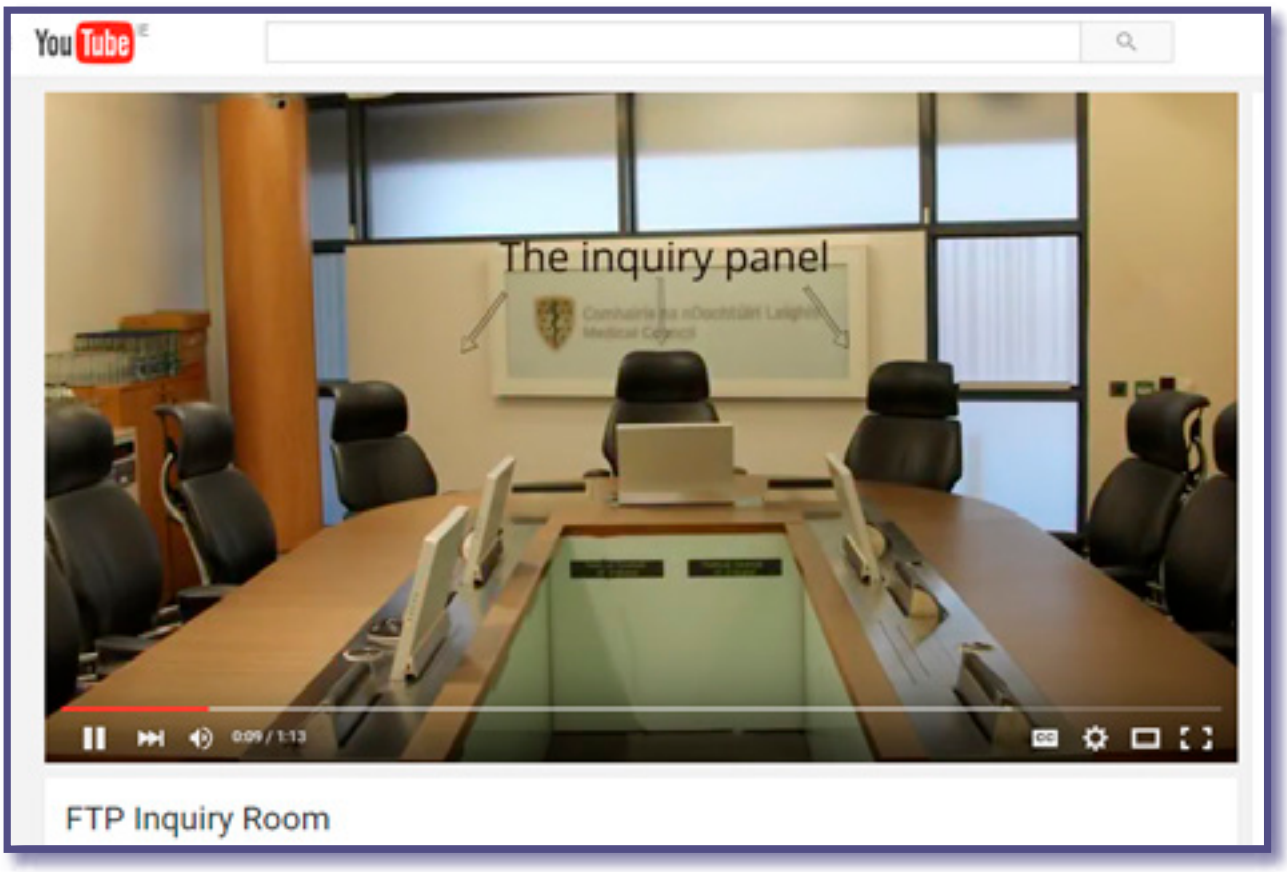
Complaints process infographic from Medicalcouncil.ie

Please note: Council approves each decision made during the complaints process.

If a complaint is made about you, it can take anywhere from 6 to 12 months from the date of receipt of the complaint for the PPC to make a decision in relation to the complaint. However depending on the complexity of the complaint, on some occasions it can take longer than the time period specified.



Video tour of the Medical Council inquiry room on Medicalcouncil.ie.



There were 35 inquiries completed in 2015

Fitness to Practise Inquiries Inquires Held	2015	2014	2013
Completed	**35**	19	39
Adjourned	**1**	4	1
Pending (as at 31/12/15)	**45**	33	26

Outcomes of Inquires	2015	2014	2013
Professional Misconduct	**6**	8	14
Relevant medical disability	**2**	0	0
Poor professional performance	**6**	2	10
No finding/ Fit to engage in practice of medicine / no case	**7**	5	6
Committed to an undertaking pursuant to section 67 of the Medical Practitioners Act	**11**	4	9
Contravention of the Medical Practitioners Act (2007)	**4**	0	0

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

Research and Engagement

Medical Council Engagement with the Department of Health

In 2015, the Medical Council engaged with the Department of Health in order to propose relevant legislative amendments to the Act in the form of the Health (Miscellaneous provisions) Bill, the Medical Practitioners (Amendment) Bill, 2014 relating to professional indemnity, the Human Tissues Bill and all other relevant developments.

Complaints Report

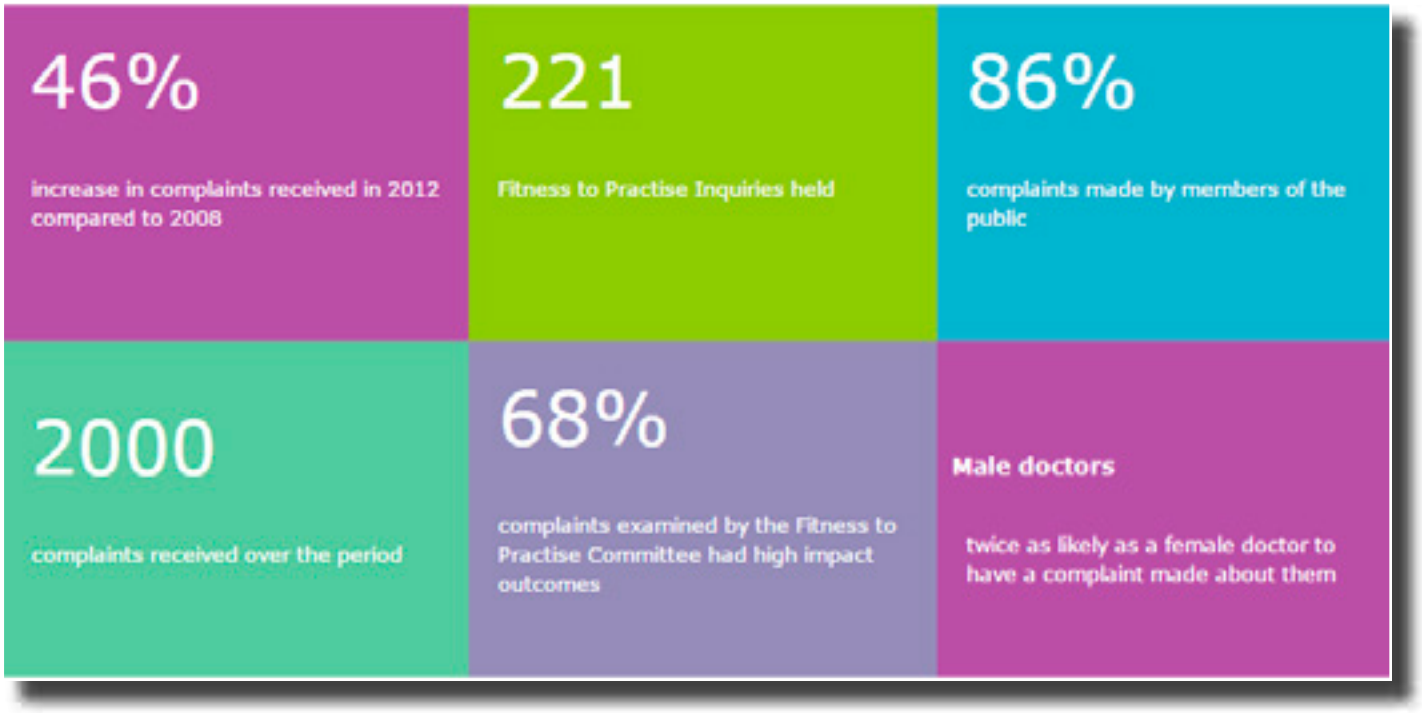
In July 2015, the Medical Council published the first-ever comprehensive review of complaints to the Medical Council. The **Listening to Complaints, Learning for Good Professional Practice** report looks at approximately 2,000 complaints over a 5-year period and was published during a seminar at Dublin Castle.

A mixed method approach was used to produce this report combining quantitative and qualitative methods in order to describe the trends in complaints made to the Council by source of complaint and demographic and to identify factors which cause concern among complainants in relation to doctor's practice

This analysis pinpointed many factors involved in complaints. While questions about medical knowledge and skill featured in complaints, poor experience of doctors' attitudes and behaviours commonly motivated complainants: communication with patients, caring with compassion and empathy, treating patients with dignity and respect and relating effectively with patients' families.


Comhairle na nDochtúirí Leighis
Medical Council
Key Factors in Doctor Complaints
Poor Communication
Follow up care
Diagnosis
Appropriate Professional skills
Clinical Investigation & Examination

Listening to Complaints; the findings



Working with Partner Organisations

The Council has placed a strategic focus on sharing information and learning from fitness to practise procedures. To this end, meetings were held during the year with the Department of Health, employers, patient representatives, legal representatives and indemnifiers to share information on trends in complaints and inquiries and to inform improvements in procedures.

Strategic Objective 4:

Enhance patient safety through insightful research and greater engagement

Engagement with the public, doctors and partner organisations continued to be a focus for the Medical Council in 2015, while the Council's research focus broadened during the year, with a range of research projects undertaken.

Research Projects

Research underpins decision making for the Medical Council, and it has made it a priority to inform its own work and that of the wider health system through the provision of information and research. In 2015, the Medical Council published six separate pieces of research, including:

- **Your Training Counts 2014 – report on Health & Wellbeing of trainee doctors**
- **Your Training Counts 2014 – report on trainee Career and Retention Intentions**
- **Your Training Counts 2015 – overview of trainee perceptions of the clinical learning environment**
- **Listening to Complaints; learning for good professional practice – a five year review of complaints**
- **The Medical Council Workforce Intelligence Report, providing practice and workforce information**
- **Research to inform the development of new Medical Council guidance on professional conduct and ethics.**

Your Training Counts

Your Training Counts is the first ever survey of trainee doctors in Ireland and looks at the clinical learning environments, the health and wellbeing of trainee doctors as well as their career and retention intentions. While trainees have reported a high standard of care delivered to patients at clinical sites, a number of areas have been identified where trainees reported a need for improvement, including induction, preparedness and a prevalence of bullying.

Medical Council CEO, Mr Bill Prasifka, Minister for Health Dr Leo Varadkar TD and Medical Council President, Professor Freddie Wood at the launch of Your Training Counts Career and Retention Intentions

Medical Council Safe Start Programme

- In December 2015, in response to findings from the Listening to Complaints report and the Your Training Counts reports, the Medical Council announced that it is to contact over **4,000** doctors to identify how registration and employment practices can better support doctors new to the Irish health system.

- This information will then go on to inform the design of a registration support programme to be delivered by the Medical Council, which will be called Safe Start. The project is also being developed to inform the work of employers on their own more detailed induction programmes and ongoing support of doctors who have qualified outside Ireland. This research will commence in 2016.

Actions Taken from Partner Organisations in Response to Your Training Counts

Department Of Health

A working group was established to carry out a strategic review of medical training and career structure. The group was tasked with examining and making high-level recommendations relating to training and career pathways for doctors with a view to:

- Improving graduation retention in the public health system.
- Planning for future service needs
- Releasing maximum benefit from investment in medical education

Over 25 recommendations were made to address the barriers and issues relating to recruitment and retention of doctors in the Irish public health system. These recommendations are being implemented through a range of structures and processes across the health system. The Department of Health also established an Implementation Monitoring Group to ensure recommendations are implemented efficiently.

On Site Training

Health Service Executive:

The HSE have rolled out the 'Lead NCHD' initiative to 31 sites, which will provide a valuable link at management level between the NCHD cohort, NCHD committee and the clinical directorate/ hospital management structure, thereby enabling a structured, continuous two way flow of engagement and communication between management and NCHSs. A workshop was arranged for NCHD leads in which the Dignity of Work policy was specifically focused on during the programme.

With regard to education governance, the HSE – National Doctors Training & Planning (NDTP) is exercising its role in this area and have assessed the requirement for a network of Consultant Training leads to be established within Hospital Groups.

Intern Training Network, Dublin North East

The Intern Training Network, Dublin North East, delivers an intern boot camp, which is run as part of intern induction, which covers topics such as clinical skills, prescribing, common scenarios encountered and stress management.

Intern training Network, North West

The North West intern training network enhanced its training with a focus on preparedness for clinical practice. A programme called Human Factors for Interns (HUFFI) was developed and delivered in the North West intern training network.

Postgraduate Training Bodies

College of Psychiatrists of Ireland

The College of Psychiatrists have made a number of improvements to their specialist training, from July 2015, their basic specialist training trainees have known where they will be located for their 3 year programme post-foundation year.

Royal College of Physicians of Ireland:

Under RCPI, the Faculty of Occupational Medicine insists all trainers undertake and regularly update their training and mentoring skills. The faculty is also involved in the Physician Wellbeing programme as well as a Developing Resilience programme provided within the College of Physicians.

RCPI also offers sessions on health, wellbeing and stress management, as well as developing workshops for trainers on how to identify and support trainees who may be distressed due to burn-out or mental illness.

Royal College of Surgeons, Ireland:

RCSI has implemented scenario based learning methods with an emphasis on doctor empowerment, teamwork, giving and receiving feedback, dealing with conflict and identifying and dealing with bullying behaviour. RCSI has also produced an Msurgery.ie app which contains information regarding the management of stress and difficult situations. A training the trainer programme was also introduced in December of 2015.

Medical Schools

National University of Ireland, Galway

A programme called IJuMP (intern junior mentoring programme) was introduced by NUIG to establish an intern teaching and mentoring group for teaching specific intern tasks and for improving awareness around intern training posts and the role of the intern.

Trinity College, Dublin

Trinity College has introduced seminars on career advice, professionalism and wellbeing. The introduction of a post call debriefing session allows trainees to discuss any difficult cases and raise issues of concern to them.

Complaints Report

The Medical Council continues to work with partner organisations to address the findings of complaints analysis over a five year period so that complainants, patient advocacy groups and employers have increased clarity on appropriate systems for resolution of complaints including referral to the Medical Council.

In response to feedback and recommendations coming from the report interactive website content was developed to further clarify and explain the complaints and inquiry process.

Survey of the public

In July 2015, the Medical Council published results of a survey in to members of the public which highlighted the importance of doctors maintaining patient confidentiality while using social media.

The survey of 1,000 adults was conducted to inform the development of new Medical Council guidance on professional conduct and ethics.

Feedback on doctors' use of social media found that **76%** of people agreed that if their doctor posted personal information on social media such as Facebook or Twitter, it would make them think differently about his or her professionalism. **96%** agreed with the statement that a doctor should never share patient information on social media. Feedback from doctors has also pointed to the issue of social media as one requiring additional guidance from the Medical Council. The 8th edition of the Guide to Professional Conduct & Ethics has been updated to reflect this feedback and will be published in 2016.

The Medical Council and the Irish Network of Medical Educators Research Awards

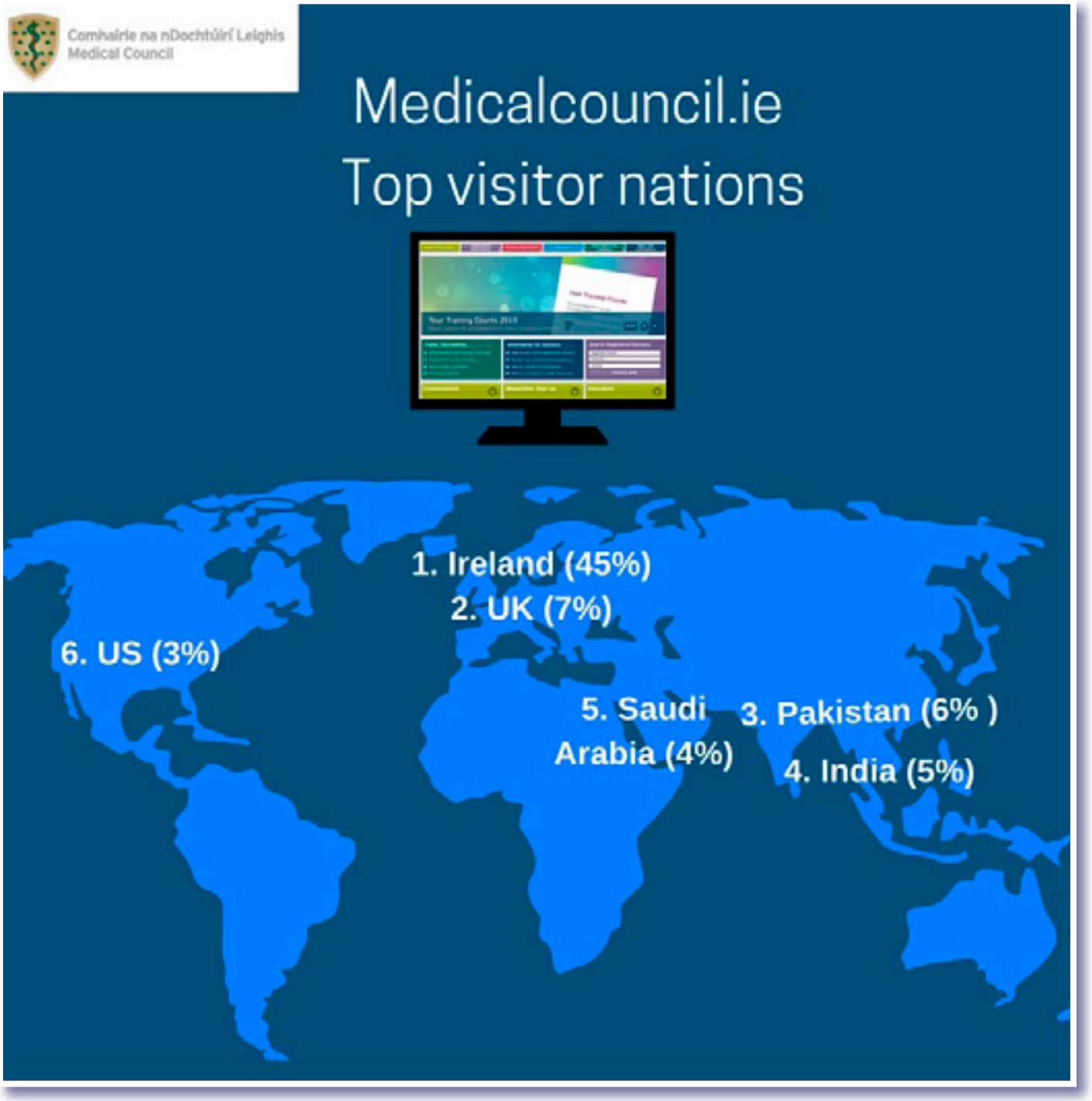
In February, 2015 the Medical Council and the Irish Network of Medical Educators (INMED) announced new awards aimed at building medical educational research capacity in Ireland. Called the Medical Council – INMED Research in Medical Education (RIME) Awards, the grants will promote research that seeks to answer questions of national and international importance, while contributing to the knowledge-base for Irish medical education and training.

Online

Online engagement with the Medical Council improved in 2015, with an increase in **28%** the number of unique website visits over the course of the year.

Website Performance Metrics

- **784,404** visits to website this year, an increase of **21%** on last year.
- The 'Check the Register' facility on our website was visited **417,981** times, an increase of **25%** on last year.
- Top five origins of visitors were Ireland, United Kingdom, Pakistan, India and Saudi Arabia.



Working with Partner Organisations

Memorandum of Understanding with Practitioner Health Matters

In 2015, the Medical Council and the Practitioner Health Matters Programme signed a Memorandum of Understanding to support doctors with health difficulties.

Under the Memorandum of Understanding, the Medical Council will, as appropriate, recommend that doctors attending its Health Committee avail of the services of the Practitioner Health Matters Programme as a further support. The Practitioner Health Matters Programme will in turn refer any doctor availing of its services to the Medical Council, should it believe that a doctor poses an imminent risk to themselves or members of the public.

Chairman of the Practitioner Health Matters Programme, Mr Hugh Kane signing the Memorandum of Understanding with President of the Medical Council, Professor Freddie Wood

Ethical Guide Consultation:

During each term of the Medical Council, our guidance on good professional practice is reviewed and revised. We want to ensure that the guidance we provide is inclusive, relevant and useful. A consultation process in 2014 highlighted a number of topics which required in depth review. Based on this consultation process a **Draft Guide to Professional Conduct and Ethics** was put together and we went out to consultation on this in July 2015 by seeking the views of the public, doctors and partner organisations, prior to finalisation. We will be launching the final Guide to Professional Conduct and Ethics (8th edition) in 2016.

Education and Training Seminars

In September, 2015 the Medical Council held an education and training symposium which focused specifically on the intern year and supporting doctors with the transition from medical student to practising doctor.

There was a high level of attendance at this event with representatives from medical schools, intern networks, postgraduate bodies, the HSE and with the Department of Health in attendance to identify potential actions to address issues with the intern year.

The Medical Council, HSE and the Forum of Postgraduate Training Bodies hosted a Careers Day for Medical Interns and Students in September.

At the launch of our complaints report in July, the Medical Council hosted a complaints workshop in which they invited partner organisations from the HSE, postgraduate training bodies, and intern networks to engage in discussions and collaboratively look at case studies involving complaints.

Professor Freddie Wood, Medical Council President, speaking at the Education & Training Symposium in September

Strategic Objective 5:

Build an organisational culture that supports leadership and learning.

Activities in 2015 focused on implementing best practice in governance and human resources.

Bill Prasifka, New Medical Council CEO

After almost five years as CEO, wherein she led significant development in the Council's role, Caroline Spillane left the post in June 2015 to take up a post in the private sector. Former Council member, Catherine Whelan acted as interim CEO between June and October. In October 2015, Bill Prasifka became the new Chief Executive. Bill previously held posts as Financial Services Ombudsman, Chairman of the Competition Authority and Commissioner of Aviation Regulation.

New Council Members

The Medical Council welcomed two new non-medical members to the Council in 2015. Thomas J O'Higgins was appointed by the Minister for Health in October, while Fergus Clancy was appointed by nomination of the Independent Hospital Association of Ireland.

The two new appointees replaced Catherine Whelan and Sally Mulready, who had made a significant contribution to the Council in the two years they served.

Performance Management and Development System (PMDS), Training and Development:

The Council is committed to implementing good-practice governance and human resources to ensure that the learning and development strategy equips and supports Council and staff members to carry out their role effectively within a sound governance framework.

Through the Performance Management and Development System (PMDS) process learning needs of staff were recorded and addressed with training being provided to staff in a mix of bespoke short-term course and long-term more formal qualifications.

After the Listening to Complaints report was published, Council discussed issues relating to profiles of complaints, doctors and scenarios that were most likely to result in high impact decisions.

Focus is at all times on robust and fair decision making. To that end, refresher courses on Equality & Diversity were provided so that staff, Council and committee members are continually focused on impartial and informed decision making.

Team Building

Team building initiatives were undertaken by all sections in the organisation.

Case Officer Training

To support the thorough investigation of complaints, specialist training was delivered to case officers over a number of months resulting in the award of a Certificate of Investigative Skills independently accredited by the Chartered Institute of Arbitrators. To support the case officers in their work, the programme covered areas such as regulatory law, fair procedures, investigative and interviewing techniques, including the interviewing of vulnerable witnesses, and medical ethics.

Workforce Plan

A Workforce plan was submitted to the Department in December 2015.

This document seeks the support of the Department for the appropriate staffing model, in terms of both the quantum and grades of the workforce, to support the Council in the delivery of its statutory remit and Statement of Strategy objectives.

It remained a significant challenge for the organisation to operate effectively within its current organisational structure and staffing numbers in 2015.

As the Medical Council is facing ever-increasing demands to deliver higher levels of efficiency and effectiveness and meet the expectations of partner organisations, the way we organise, manage and recognise our people is critical. The Council looks forward to working with the Department to develop our Workforce Plan and implement the required organisational changes, with a view to ensuring that the Council, as a professional body, can continue to lead on the development of a progressive system of modern regulation, in addition to leading on the delivery of synergies across the professional regulatory bodies and sharing valuable learning and advice in areas such as complaints management, business process improvement and ICT initiatives.

Employee Wellbeing

Employee wellbeing remained an organisational focus and a number of events were organised by the Medical Council's wellbeing group focusing on health and employee welfare. Awareness raising activities were conducted for stroke and heart health, while the month of November was dedicated to mental health awareness with workshops on 'mindfulness' being organised for staff. Staff also engaged in charitable activities for a number of organisations throughout the year including Ataxia, Aware, Irish Cancer Society, ChildLine and the Rathmines Women's Refuge.

Governance Activities

The Corporate Governance Handbook was updated this year and distributed to Council, Committees and all Staff.

An annual review of all Committee Terms of Reference was conducted and completed.

Strategic Objective 6:

Develop a sustainable and high-performing organisation.

An emphasis was placed on business process improvement in 2014, with a continued focus on providing services in a cost-effective manner.

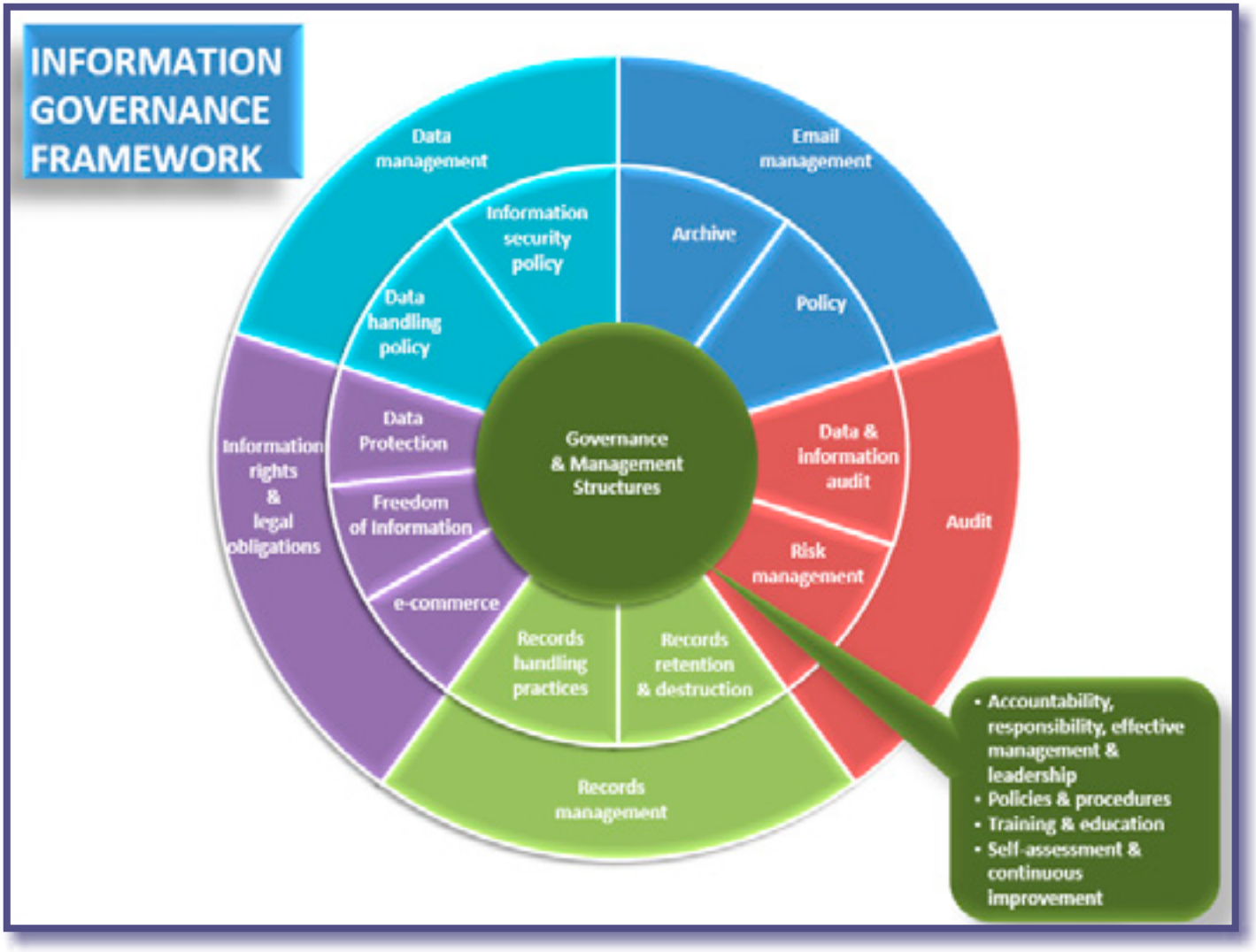
Information Governance Framework

Having carried out a very thorough assessment in 2014, benchmarked against best practice, the Medical Council developed an Information Governance Framework in in 2015 based on best practice, tailored for the organisation.

Good information governance will enable us to handle information legally, securely, efficiently and effectively, assisting us to deliver the best possible service to our customers.

The Medical Council's policies, procedures and practices have been carefully benchmarked against best practice recommendations from HIQA (Health Information Quality Authority), DPER (Department of Public Expenditure and Reform (FOI)), Eneclann (E-commerce), BDO (data security), ISO (risk and records management), IPA (risk management), Kefron (records management); ICT Sub-Committee; and Medical Council Compliance Schedule.

The Working Group also developed a template which can be used by other organisations.



Business Process Improvement

Business process improvement in 2015 focused mainly on the registration area in preparation for an external review in 2016.

Building on the successful implementation of a business process improvement initiative in our Registration section in 2014, a further initiative commenced in 2015, focused on improving the complaints handling process. Using the LEAN Six Sigma methodology, a number of actions were identified to improve process efficiencies. This work will continue into 2016 and expand into other areas of the organisation.

All staff have been engaged, to varying degrees, in two key cross-organisational projects:

(a) Development of an information governance framework for the organisation, to ensure all information and data is appropriately handled by the Medical Council; and

(b) Development of an Excellence in Customer Service strategy for the organisation, to ensure our services remain responsive to the changing and varied needs of our key customers.

Work continues into 2016, commencing with an information and data risk management exercise; and a focus group event, to learn more about our customers' needs.

The focus on operational efficiency included developments in the organisations information technology infrastructure, including the implementation of improved web filters, hardware and software updates.

Financial Overview

There was a continued rigorous approach to managing budget while achieving business goals. Quarterly reports on business planning and performance against financial targets were provided to the Audit, Strategy and Risk Committee and the Council, which was also furnished with reports on risk management activities in line with Medical Council risk management policy.

There was a continued focus on financial planning throughout the organisation, reflected in reduced costs in a number of areas in 2015. The Medical Council is committed to meeting its obligations to the Government's Public Service Reform agenda and successfully signed up to a number of the Office of Government Procurement (OGP) contracts.

The Medical Council was engaged in litigation with its landlord Tanat Limited relating to the terms of its tenancy of Kingram House. The action was settled in February 2015 with the outcome confidential and to the satisfaction of both parties.

Risk Management

Chief Risk Officer: Niamh Muldoon

Introduction to Risk Management

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

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

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

Role of the Board of Council and Committee: Audit Strategy and Risk

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

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

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

Risk Appetite

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

Category	Assessment	Risk Appetite Guiding Statements
Strategic	**Medium Risk Appetite**	The Council's key role is to protect the interests of the public when dealing with medical practitioners. Its principle roles in doing so are: • assuring the quality of undergraduate education of doctors • assuring the quality of postgraduate training of specialists • registration of doctors • disciplinary procedures • guidance on professional standards / ethical conduct • professional competence The Council will take opportunities where considered justified by the potential economic and societal rewards, despite a greater level of inherent risk. Its risk appetite in relation to certain new strategic and policy decisions is **generally low**, due to its critical public interest role. However, in certain circumstances where the need for a progressive change or advancement is deemed appropriate the risk appetite will be **medium**. Any such actions require consideration and approval by the senior management team and the Council. The organisation will in all such cases seek to mitigate the inherent risks in the implementation of these decisions, to the extent possible.
Finance & Funding	**Medium Risk Appetite**	The Medical Council is funded almost exclusively by the annual payments of registered doctors; no funds are received from government or other sources. Its funding arrangements are as such relatively stable and allows for an element of long term strategic planning. Its risk appetite in this area reflects its strategic risk appetite and is generally **low to medium**. The Council will maintain its high financial stewardship standards and will continue to ensure that financial commitments do not exceed available resources. Its risk appetite in relation to financial stewardship is **low**.

Category	Assessment	Risk Appetite Guiding Statements
Reputational	**Medium Risk Appetite**	As the Council's key role is to protect the interests of members of the public in their dealing with medical doctors it is important that there is confidence in the integrity of its activities and processes and that it is seen to offer a tangible return to all its stakeholders. Its risk appetite in relation to perceived failures in this area is generally **low**. The Medical Council recognises that it must always be conscious of its critical public duty but that in certain cases it may be necessary to advance unpopular initiatives or take unpopular stances where it is considered appropriate in the interests of protecting the public. Its risk appetite in this area is generally **medium**.
Operational	**Low Risk Appetite**	Operational includes the management of its principle roles as described above and also the management of all support functions which enable the fulfilments of its principle roles. The Council has developed a comprehensive and rigorous framework including policies and procedures to support operational management and as such its appetite for risk in this area is generally **low**.
Compliance	**Zero Risk Appetite**	The Council defines policies and procedures to support its legal and compliance requirements. The Council expects full compliance, and will avoid any risk or uncertainty in this area. As such its risk appetite in the category of compliance is generally **zero**.

Snapshot of key risks as of December 2015

Regular reports are provided to the Audit, Strategy and Risk Committee and Council on the principal risks facing the organisations. A summary of the key risks as at December 2015 is provided below:

Personnel / Workforce Planning

An inability to fill vacant roles without Department authorisation has led to a loss of skill and increased workload for remaining staff. This has presented challenges in a number of areas and affected operational efficiency in 2015.

Implications for 2016 – It will be imperative that vacant posts are filled as soon as possible in 2016 to ensure efficiency within the organisation and counter a rising employment market, and the Medical Council will continue to work with the Department of Health to develop a more sustainable approach to manpower planning.

Legal and Regulatory Compliance / Legislative Developments

The Medical Council has seen its work affected by case law developments in 2015, which have had an impact on its role and remit. The Supreme Court decision in Corbally v Medical Council delivered in February 2015 had implications for Medical Council Fitness to Practise inquiries. Further legislative developments, such as the introduction of professional indemnity legislation, will have an impact on the Medical Council's work in 2016.

Implications for 2016 – the Medical Council will seek to work closely with the Department of Health in 2016 to inform legislative developments and seek changes where it believes it is in the interests of patients and doctors.

Finance

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

Macro Tenancy arrangements at Kingram House

The Medical Council agreed a settlement in their legal action with its landlord Tanat Ltd relating to the terms of its tenancy of Kingram House in 2015.

Implications for 2016 – The Medical Council now has secure terms which will offer financial clarity for the organisation in the coming years.

Complaints & Fitness to Practise

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

Implications for 2016 – The Medical Council will continue to engage with employers, hospitals and colleagues within the health system so that concerns about doctors are addressed at the appropriate level within the health system, and that the Medical council can benefit from co-operation and efficiency from all parties when investigating a matter. Suggested legislative amendments will be progressed with the Department of Health with a view to ensuring that the legal framework underpinning complaints systems is as robust as possible.

Professional Development and Practice

Risk to the effective operation of PCS due to low level of enrolment with recognised schemes by Registered Medical Practitioners

Implications for 2016 – The Medical Council will continue to engage with registrants, employers, stakeholders and colleagues within the health system to ensure the highest levels of awareness and enrolment across all areas of practise.

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

Implications for 2016 - The Medical Council will continue to review its processes and increase stream lined efficiency initiatives to minimise any potential for delay in applications being processed.

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

Implications for 2016 – The Medical Council will continue to engage with reviewing and refining the use of performance assessment, to ensure an effective, efficient and proportionate use.

IT Systems

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

Implications for 2016- Existing business continuity processes will be refined and tested to ensure the Medical Council's systems are in line with best practice from both an infrastructural and data protection perspective.

FINANCIAL STATEMENTS 2015

COUNCIL MEMBERS AND OTHER INFORMATION

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

Council	**Professor Freddie Wood**	**Mr Sean Hurley**
	Dr Audrey Dillon	**Professor Alan Johnson**
	Dr John Barragry	**Ms Marie Kehoe-O'Sullivan**
	Dr Anthony Breslin	**Professor Mary Leader**
	Ms Katharine Bulbulia	**Dr Consilia Walsh**
	Mr Declan Carey	**Ms Margaret Murphy**
	Ms Anne Carrigy	**Mr John Nisbet**
	Dr Sean Curran	**Professor Colm O'Herlihy**
	Dr Rita Doyle	**Dr Michael Ryan**
	Ms Mary Duff	**Ms Cornelia Stuart**
	Professor Fidelma Dunne	**Dr Bairbre Golden**
	Dr Ruairi Hanley	**Mr Fergus Clancy** (Commenced 15th September)
	Ms Catherine Whelan (Ceased 13th July)	**Mr Tom O'Higgins** (Commenced 28th October)
	Councillor Sally Mulready (Ceased 26th June)	

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

Offices:

Kingram House

Kingram Place

Dublin 2

Auditors:

Comptroller & Auditor General

3A Mayor Street Upper

Dublin 1

Solicitors:

McDowell Purcell

The Capel Building

Mary's Abbey

Dublin 7

Bankers:

Bank of Ireland

Rathmines Road

Rathmines

Dublin 6

COUNCIL'S REPORT

The Council present their report and the audited financial statements for the year ended 31st December 2015.

Principal Activity

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

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

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

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

The Council has a membership of 25 including both elected and appointed members. Under the provisions of the Medical Practitioners Act 2007, the Council is comprised of 13 non-medical members and 12 medical members representing a range of medical specialties, teaching bodies and members of the public and stakeholders, all of whose appointments have been approved by the Minister for Health. The current Council's period of office is 2013 to 2018. The Medical Council is funded by the payments of registered doctors; no funds are received from government or other sources.

Internal Audit

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

Accounting Records

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

Approved by the Council on 13th July 2016 and signed on its behalf by

Professor Freddie Wood	**Mr. William Prasifka**
President	**Chief Executive Officer**
Freddie Wood.	
Dated: 13th July 2016	

STATEMENT OF COUNCIL RESPONSIBILITIES

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

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

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

Approved by the Council on 13th July 2016 and signed on its behalf by

Professor Freddie Wood	**Mr. William Prasifka**
President	**Chief Executive Officer**
Freddie Wood.	
Dated: 13th July 2016	

STATEMENT ON INTERNAL FINANCIAL CONTROL

Responsibility for System of Internal Financial Control

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

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

Key Control Procedures

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

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

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

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

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

- A comprehensive budgeting system with an annual budget which is reviewed and agreed by the Council;
- Regular reviews by the Council of periodic and annual financial reports which indicate performance against forecasts;
- Setting targets to measure financial and other performance;
- Procedures to ensure compliance with public procurement policies and directives;
- An Internal Audit function is in place and the Internal Auditors operate in accordance with the Framework Code of Practice for the Governance of State Bodies. The function is overseen by the Audit Strategy and Risk Committee.

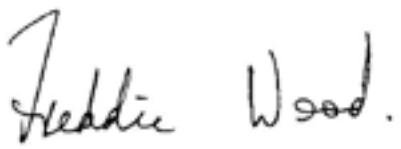
During the year ended 31st December 2015 the following controls were reviewed/ implemented:

- Monthly management accounts with explanation of significant deviations from budget;
- Annual Accounts for 2015 with explanation of significant variances;
- Annual budget plan for 2016;
  Internal audits were performed by BDO on Registration Portal, Risk Management, Financial Controls, Registration and Invoicing Processes.

STATEMENT ON INTERNAL FINANCIAL CONTROL (CONTINUED)

The Council conducted a review of the effectiveness of the system of internal financial control for the year ended 31st December 2015.

Signed on behalf of the Medical Council

Professor Freddie Wood **President**
 **Dated: 13th July 2016**

COMPTROLLER AND AUDITOR GENERAL

Report for presentation to the Houses of the Oireachtas

The Medical Council

I have audited the financial statements of the Medical Council for the year ended 31 December 2015 under the Medical Practitioners Act 2007. The financial statements comprise the statement of income and expenditure and retained revenue reserves, the statement of comprehensive income, the statement of financial position, the statement of cash flows and the related notes. The financial statements have been prepared in the form prescribed under Section 32 of the Act, and in accordance with generally accepted accounting practice.

Responsibilities of the Members of the Council

The Council is responsible for the preparation of the financial statements, for ensuring that they give a true and fair view and for ensuring the regularity of transactions.

Responsibilities of the Comptroller and Auditor General

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

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

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

Scope of Audit of the Financial Statements

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

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

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

In addition, I read the Medical Council's annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies, I consider the implications for my report.

Opinion on the Financial Statements

In my opinion, the financial statements:

- give a true and fair view of the assets, liabilities and financial position of the Medical Council as at 31 December 2015 and of its income and expenditure for 2015; and
- have been properly prepared in accordance with generally accepted accounting practice.

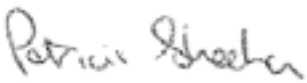
In my opinion, the accounting records of the Medical Council were sufficient to permit the financial statements to be readily and properly audited. The financial statements are in agreement with the accounting records.

Matters on which I report by exception

I report by exception if I have not received all the information and explanations I required for my audit, or if I find

- any material instance where money has not been applied for the purposes intended or where the transactions did not conform to the authorities governing them, or
- the information given in the Medical Council's annual report is not consistent with the related financial statements or with the knowledge acquired by me in the course of performing the audit, or
- the statement on internal financial control does not reflect the Medical Council's compliance with the Code of Practice for the Governance of State Bodies, or
- there are other material matters relating to the manner in which public business has been conducted.

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



Patricia Sheehan

For and on behalf of the

Comptroller and Auditor General

25 July 2016

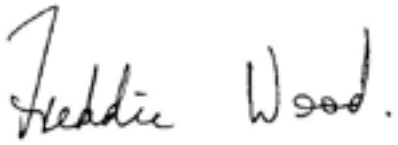
STATEMENT OF INCOME AND EXPENDITURE AND RETAINED REVENUE RESERVES

for the year ended 31st December 2015

Income	Notes	2015 €	Re-stated 2014 €
Retention fees	10	**9,401,765**	8,159,700
Registration fees	2	**2,742,722**	2,239,376
Miscellaneous income	2	**434,973**	607,876
Total income		**12,579,460**	11,006,952
Expenditure			
Wages and salaries	4	**3,475,793**	3,375,298
Retirement benefit costs	4/11	**1,344,793**	1,241,424
Council and meeting expenses	4	**513,097**	644,226
Staff recruitment, training and education		**218,737**	119,394
Rent and rates		**1,074,363**	1, 218 223
Legal expenses	3	**2,771,344**	1,891,145
General administration	3	**1,127,295**	988,505
Consultancy and other professional fees	3	**386,687**	476,137
Finance charges		**122,868**	61,416
Audit fees		**18,000**	14,000
Advertising & media monitoring		**25,820**	17,165
Gain on asset disposals		**(3,803)**	0
Depreciation	6	**473,547**	420,826
Total Expenditure		**(11,548,541)**	(10,467,759)
Operating surplus		**1,030,919**	539,193
Fair value movement in financial assets	7	**(309)**	145,329
Interest receivable		**69,069**	99,799
Investment income		**37,232**	30,095
Surplus for the year	12	**1,136,911**	814,416
Transfer from / (to) pension reserve	12	**1,178,669**	(1,081,134)
Balance Brought Forward at 1st January		**14,767,719**	15,034,437
Balance Carried Forward at 31st December		**17,083,299**	14,767,719

The Statement of Cash Flows and Notes on pages 15 - 27 form part of the financial statements.

Approved by the Council on 13th July 2016 and signed on its behalf by

Professor Freddie Wood	**Mr. William Prasifka**
President	**Chief Executive Officer**
	
Dated: 13th July 2016	

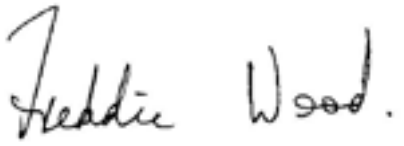
STATEMENT OF COMPREHENSIVE INCOME

for the year ended 31st December 2015

	Notes	2015 €	Re-stated 2014 €
Surplus for the year	12	**1,136,911**	814,416
Actuarial (loss) / gain on retirement benefit obligations	11	**(2,722,000)**	781,000
Total comprehensive income for the year		**(1,585,089)**	1,595,416

The Statement of Cash Flows and Notes on pages 15 - 27 form part of the financial statements.

Approved by Council on 13th July 2016 and signed on its behalf:

Professor Freddie Wood	**Mr. William Prasifka**
President	**Chief Executive Officer**
	
Dated: 13th July 2016	

STATEMENT OF FINANCIAL POSITION

as at 31st December 2015

	Notes	2015 €	Re-stated 2014 €
Non-Current Assets			
Property, plant and equipment	6	**2,717,971**	2,924,798
Financial assets	7	**6,147,487**	3,105,835
		8,865,458	6,030,633
Current Assets			
Receivables	8	**1,152,564**	1,416,187
Cash and cash equivalents		**14,110,364**	13,416,395
		15,262,928	14,832,582
Current Liabilities (amounts falling due within one year)			
Payables	9	**(7,045,087)**	(6,095,496)
Net Current Assets		**8,217,841**	8,737,086
Total Assets less Current Liabilities (before retirement benefits)		**17,083,299**	14,767,719
Non-current Liabilities			
Retirement benefit obligations	11	**(15,800,803)**	(11,900,134)
Net Assets		**1,282,496**	2,867,585
Representing			
Retained revenue reserves	12	**17,083,299**	14,767,719
Retirement benefit reserve	12	**(15,800,803)**	(11,900,134)
Total		**1,282,496**	2,867,585

The Statement of Cash Flows and Notes on pages 15 - 27 form part of the financial statements.

Approved by the Council on 13th July 2016 and signed on its behalf by

Professor Freddie Wood	**Mr. William Prasifka**
President	**Chief Executive Officer**
Freddie Wood.	
Dated: 13th July 2016	

Statement of Cash Flows

for the year ended 31st December 2015

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

	2015 €	Re-stated 2014 €
Net Cash Flows from Operating Activities		
Excess Income over expenditure	**1,136,911**	814,416
Depreciation and impairment of property, plant & equipment	**476,950**	420,826
Decrease / (increase) in receivables	**263,623**	16,590
Increase / (decrease) in payables	**949,593**	994,569
Increase / (decrease) in retirement benefits charge	**1,178,669**	1,081,134
Net Cash Inflow from Operating Activities	**4,005,746**	3,327,535
Cash Flows from Investing Activities		
Interest received	**(69,069)**	(99,799)
Payments to acquire property, plant & equipment	**(270,125)**	(431,704)
Receipts from investment portfolio	**(37,232)**	(30,095)
Investment in equity portfolio	**(3,000,000)**	0
Payments of portfolio management fee	**24,469**	27,824
Fair value movement in financial assets	**309**	(145,329)
Interest on investment portfolio accrued	**39,871**	81,467
Net Cash Flows from Investing Activities	**(3,311,777)**	(597,636)
Net Increase / (decrease) in Cash and Cash Equivalents	**693,969**	2,729,899
Cash and cash equivalents at 1st January	**13,416,395**	10,686,496
Cash and Cash equivalents at 31st December	**14,110,364**	13,416,395

Notes to the Financial Statements

for the year ended 31st December 2015

1. Accounting Policies

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

a) General Information

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

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

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

b) Statement of Compliance

The financial statements of the Medical Council for the year ended 31st December 2015 have been prepared in accordance with FRS 102, the financial reporting standard applicable in the UK and Ireland issued by the Financial Reporting Council (FRC), as promulgated by Chartered Accountants Ireland.

These are the Medical Council's first set of financial statements prepared in accordance with FRS 102. The date of transition to FRS 102 is 1 January 2014. The prior year financial statements were re-stated for material adjustments on adoption of FRS 102 in the current year. The result of this adoption can be seen in Note 15.

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

The premises at Lynn House are subject to a policy of revaluation every 5 years with an interim valuation in year 3 per FRS 102. The premises were last valued at an open market basis at 18th December 2013. Revaluation of Lynn House is due at year end 2016.

It is the policy of the Medical Council to revalue its artwork fixed assets every 5 years. A valuation is scheduled to take place in 2016.

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

ACCOUNTING POLICIES (CONTINUED)

for the year ended 31st December 2015

e) Financial Assets

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

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

f) Foreign Currencies

Monetary assets and liabilities denominated in foreign currencies are translated at the rates of exchange ruling at the balance sheet date. Transactions, during the year, which are denominated in foreign currencies, are translated at the rates of exchange ruling at the date of the transaction. The resulting exchange differences are dealt with in the Statement of Income and Expenditure and Retained Reserves.

g) Income

Fees, other than retention fees, are recognised as income in the year in which they are received. Retention fees are charged annually in respect of practitioners who apply to continue on the Council's register. Retention fees and other income are recognised as income in the year to which they relate.

h) Interest Income

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

i) Retirement Benefits

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

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

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

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

ACCOUNTING POLICIES (CONTINUED)

for the year ended 31st December 2015

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.

j) Operating Leases

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

k) Receivables

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

k) Critical Accounting Judgements and Estimates

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

Impairment of Property, Plant and Equipment

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

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

Depreciation and Residual Values

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

Provisions

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

ACCOUNTING POLICIES (CONTINUED)

for the year ended 31st December 2015

Retirement Benefit Obligation

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

The assumptions can be affected by:

(i) the discount rate, changes in the rate of return on high-quality corporate bonds

(ii) future compensation levels, future labour market conditions

(iii) health care cost trend rates, the rate of medical cost inflation in the relevant regions.

2. INCOME

Income items are made up as follows:

	2015	2014
	€	€
Registration fees		
Internship	**232,765**	218,944
General registration	**2,343,332**	1,841,534
Restoration to General Register of Medical Practitioners	**33,225**	19,458
Specialist registration fees	**133,400**	159,440
	2,742,722	2,239,376

	2015	2014
	€	€
Miscellaneous income		
Service Fees	**34,617**	**4,512**
Accreditation Fees	**1,000**	**47,033**
Examinations	**219,555**	**215,433**
Certificate of good standing	**122,796**	**143,391**
Late Payment Fee	**8,925**	**57,402**
Legal costs recovered	**17,000**	**9,650**
Rental Income	**0**	**53,083**
Other	**31,080**	**77,372**
	434,973	**607,876**

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

for the year ended 31st December 2015

3. EXPENDITURE

Expenditure items are made up as follows:

	2015 €	2014 €
Legal Expenses		
Legal and professional	**429,658**	688,925
Part V (a) inquiries	**1,996,636**	1,204,792
Part V (b) High Court & Supreme Court proceedings	**345,050**	(2,572)
	2,771,344	1,891,145

	2015 €	2014 €
General Administration		
Insurance	**86,048**	92,857
Light and heat	**97,378**	106,140
Repairs and maintenance	**81,191**	122,795
Equipment maintenance	**5,282**	758
Printing, postage and stationery	**74,175**	118,613
File administration and storage	**84,162**	43,739
Telephone and modem charges	**39,446**	32,159
Computer costs	**291,432**	249,649
Caretaking and cleaning	**36,948**	49,740
Security	**45,149**	43,876
Accreditations	**145,895**	13,705
Research	**113,112**	85,086
General expenses	**27,077**	29,388
	1,127,295	988,505

	2015 €	2014 €
Consultancy and Other Professional Fees		
Business consultancy	**326,965**	385,915
Communication fees	**44,280**	49,624
IT Consultancy fees	**15,442**	40,598
	386,687	476,137

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

for the year ended 31st December 2015

4. EMPLOYEES AND REMUNERATION

4a. Number of employees

The average number of persons employed during the year was 63 (2014: 59)

The staff costs are comprised of:	**2015** **€**	2014 €
Wages and salaries	**3,207,247**	3,095,382
Social welfare costs	**268,546**	279,916
	3,475,793	3,375,298
Retirement benefit costs	**1,344,793**	1,241,424
	4,820,586	4,616,722

4b. Employee benefits breakdown

Range of total employee benefits		**Number of employees**	
From	**To**	**2015**	**2014**
€60,000	€69,999	5	5
€70,000	€79,999	0	0
€80,000	€89,999	3	3
€90,000	€99,999	5	5
€100,000	€109,999	0	0
€110,000	€119,999	1	0
€120,000	€129,999	0	0
€130,000	€139,999	0	1

4.1 Mr William Prasifka is the Chief Executive Officer of the Medical Council. Mr Prasifka received a salary of €28,018 in 2015 covering the period from 5th October 2015 to the 31st December 2015. The gross salary paid includes an adjustment in line with requirements specified under the Haddington Road Agreement. The pension entitlements of the Chief Executive Officer do not extend beyond the pension entitlements in the public sector defined benefit superannuation scheme.

4.2 Pension-related deductions of €150,168 were paid to the Department of Health during the year 2015. An amount of €21,680 was due to the Department at year-end.

4.3 No Bonus payments were made to staff during 2015.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

for the year ended 31st December 2015

4.4 An amount of €100,474 was paid in fees to thirteen eligible Council members in 2015 as follows:

Ms Katharine Bulbulia	€7,696	Prof. Alan Johnson	€7,696
Ms Margaret Murphy	€7,696	Dr John Barragry	€7,696
Ms Anne Carrigy	€7,696	Prof.Colm Herlihy	€7,696
Dr Rita Doyle	€7,696	Dr Michael Ryan	€7,696
Dr Bairbre Golden	€7,696	Ms Catherine Whelan	€3,848
Dr Ruairi Hanley	€7,696	Prof. Freddie Wood	€11,970
		Mr Seán Hurley	€ 7,696

Also €21,136 was paid to Council members in relation to reimbursable travel and subsistence expenses.

4.5 In addition to the expenditure noted in 4.4 above a total of €412,623 was incurred on Council Meeting and operations as follows.

- €144,928 in Travel and Subsistence expenditure incurred by Council members, Committee members and staff on official Council operations.
- €199,754 in respect of allowances paid to 52 people who are members of sub-committees and working groups. The individual payments ranged from €300 to €11,970.
- €54,377 in respect of catering costs for Council, sub-committee and inquiries.
- €13,564 in respect of training costs for Council members.

5. TAXATION

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

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

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

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

for the year ended 31st December 2015

6. Property, Plant & Equipment

	Buildings & Leasehold Improvements	Office Equipment	Fixtures and Fittings	Computer Equipment	Total
Cost	€	€	€	€	€
As at 1 January 2015	3,245,608	332,513	1,480,976	2,903,557	7,962,654
Additions	55,784	1,576	5,201	207,603	270,164
Disposals	0	(295,507)	(346,637)	(2,389,251)	(3,031,395)
At 31 December 2015	3,301,392	38,582	1,139,540	721,909	5,201,423
Accumulated Depreciation					
As at 1 January 2015	804,217	305,144	1,207,552	2,720,943	5,037,856
Charge for the year	118,145	7,362	139,661	208,379	473,547
Charge for the year	0	(295,434)	(340,453)	(2,392,064)	(3,027,951)
At 31 December 2015	922,362	17,072	1,006,760	537,258	2,483,452
Net book value					
At 31 December 2015	2,379,030	21,510	132,780	184,651	2,717,971
At 31 December 2014	2,441,391	27,369	273,424	182,614	2,924,798

Listed amongst the values for fixtures and fittings is a small selection of decorative art which is situated in the offices at Kingram House. This artwork is valued in line with the directives of FRS 102 Section 17.3 - Heritage Assets. It currently has a carrying nil value pending valuation in 2016.

7. FINANCIAL ASSETS

	2015	2014
Fair Value	€	€
At 1st January	**3,105,835**	2,939,900
Fair value movement in financial assets	**(309)**	145,329
Investment income	**37,232**	30,095
Management fee	**(24,469)**	(27,825)
Interest income	**29,198**	18,336
Purchases	**3,000,000**	0
At 31st December	**6,147,487**	3,105,835

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.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

for the year ended 31st December 2015

8. RECEIVABLES

	2015	2014
	€	€
Prepayments	**1,013,166**	1,013,724
Trade receivables	**91,191**	262,729
Sundry receivables	**48,207**	139,734
	1,152,564	1,416,187

Included in prepayments is an amount of €685,950 being an upfront rent payment on the Kingram House property paid 11th March 2008. This is being written off over the remaining years of the lease.

9. PAYABLES

	2015	Re-stated 2014
Amounts falling due within one year	€	€
Trade payables and accruals	**1,457,561**	1,335,717
Deferred income - retention fees (Note 10)	**5,165,256**	4,238,203
Provision for legal costs	**396,875**	521,576
Provision for direct transfer of bequest to charity/ research	**25,395**	0
	7,045,087	6,095,496
Movement in legal provision:		
Legal provision at 1 January	**521,576**	394,100
Utilised in 2015	**(428,255)**	(308,615)
Provided for in 2015	**303,553**	436,091
	396,874	521,576

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

for the year ended 31st December 2015

10. DEFERRED INCOME - RETENTION FEES

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

11. RETIREMENT BENEFIT COSTS

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

	2015 €	2014 €
Current service costs	**760,000**	720,000
Interest on Retirement benefits Scheme obligations	**700,000**	640,000
Employee contributions	**(115,207)**	(118,576)
	1,344,793	1,241,424

B. Movement in net retirement benefit obligations during the financial year

	2015 €	2014 €
Net retirement benefit obligations at 1st January	**11,900,134**	11,600,000
Current Service Cost	**760,000**	720,000
Interest Costs	**700,000**	640,000
Actuarial loss/(gain)	**2,722,000**	(781,000)
Retirement benefits paid in the year	**(281,331)**	(278,866)
Net retirement benefit obligations at 31st December	**15,800,803**	11,900,134

C. History of defined benefit obligations

	2015 €'000	2014 €'000	2013 €'000	2012 €'000
Defined benefit obligations	**15,801**	**11,900**	**11,600**	**11,400**
Experience losses/(gains) on defined benefit scheme obligations	**2,722**	**(781)**	**(754)**	**(686)**

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

for the year ended 31st December 2015

D. General description of the scheme

The Medical Council operates an unfunded defined benefit superannuation scheme for staff.

Superannuation entitlements arising under the scheme are paid out of current income and are charged to the Statement of Income and Expenditure and Retained Revenue Reserves, net of employee superannuation contributions, in the year in which they become payable.

The results set out below are based on an actuarial valuation of the retirement benefit obligations in respect of serving retired staff of the Council as at 31st December 2015. 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).

	2015	2014
Rate of increase in salaries	**2.0%**	4.0%
Rate of increase in retirement benefits in payment	**2.0%**	4.0%
Discount Rate	**2.35%**	5.5%
Inflation Rate	**2.0%**	2.0%

Mortality basis:

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

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

	2015	**2014**
Male aged 65	22 years	22 years
Female aged 65	25 years	25 years

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

for the year ended 31st December 2015

12. RESERVES

	Retirement Benefit Reserve	Retained Reserves	Total
	€	€	€
At 1st January 2015	(11,900,134)	14,767,719	2,867,585
Surplus for the year	-	1,136,911	1,136,911
Actuarial loss for the year	(2,722,000)	-	(2,722,000)
Transfer to retirement Benefits reserve	(1,178,669)	1,178,669	0
At 31st December 2015	(15,800,803)	17,083,299	1,282,496

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

13. OPERATING LEASE COMMITMENTS

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

At 31st December 2015 the Medical Council had the following future minimum lease payments under non-cancellable operating leases for each of the following periods:

	€
Payable within one year	820,000
Payable within two to five years	3,280,000
Payable after five years	9,840,000
	13,940,000

Operating lease payments recognised as an expense were €867,150 (2014:€1,008,600)

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

for the year ended 31st December 2015

14. CONTINGENT LIABILITIES

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

15. TRANSITION TO FRS 102

Reconciliation of reserves at 1st January 2014

	Pension reserve	Revaluation reserve	Retained revenue reserve	Total
	€	€	€	€
At 1st January 2014 (as previously stated)	(11,600,000)	205,421	12,666,748	1,272,169
Change in fair value of investments	-	(205,421)	205,421	-
At 1st January 2014 (restated)	(11,600,000)	-	12,872,169	1,272,169

Reconciliation of reserves at 31 December 2014

	Pension reserve	Revaluation reserve	Retained revenue reserve	Total
	€	€	€	€
At 31st December 2014 (as previously stated)	(11,900,134)	350,750	14,416,969	2,867,585
Change in fair value of investments	-	(350,750)	350,750	-
At 31st December 2014 (restated)	(11,900,134)	-	14,767,719	2,687,585

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

for the year ended 31st December 2015

Reconciliation of Statement of Income and Expenditure and Retained Revenue Reserves

	€
Surplus for the year ended 31st December 2014 (as previously stated)	669,087
Change in fair value of investments	145,329
Surplus for the year ended 31st December 2014 (as re-stated under FRS 102)	814,416

Prior to transition to FRS 102, the Council recognised the change in fair value of non-current financial investments directly in a revaluation reserve.

FRS 102 recognises this investment as a basic financial instruments and in accordance with Section 11, requires these instruments to be measured at fair value through the statement of income and expenditure and retained revenue reserves.

This change in treatment results in a reclassification of a surplus of €205,421 from revaluation reserve to retained revenue reserve upon transition, at 1st January 2014. The restated surplus for the year ended 31st December 2014 now recognises an increase in fair value of €145,329 which was previously recognised directly in revaluation reserve.

16. APPROVAL OF FINANCIAL STATEMENTS

The financial statements were approved by the Council on 13th July 2016.

APPENDIX A - COMMITTEE MEMBERS

Audit Strategy & Risk Committee
Members (9)
Mr Seán Hurley (Chair)
Professor Freddie Wood
Dr John Barragry
Dr Anthony Breslin
Ms Anne Carrigy
Dr Seán Curran
Dr Bairbre Golden
Mr Stephen McGovern
Mr Terry Mc Wade

Education, Training and Professional Development Committee
Members (12)
Professor Colm O'Herlihy (Chair)
Ms Katharine Bulbulia
Mr Declan Carey
Dr Anna Clarke
Dr John Jenkins
Professor Alan Johnson
Dr Ruairi Hanley
Dr Jacinta Morgan
Dr Siun O'Flynn
Ms Marie Kehoe- O'Sullivan
Professor Arthur Tanner
Professor Freddie Wood

Preliminary Proceedings Committee
Members (15)
Ms Anne Carrigy (Chair)
Ms Kathleen Beggan
Ms Katharine Bulbulia
Dr Anthony Breslin
Dr Rita Doyle
Dr Joseph Duignan
Dr Anne Jeffers
Dr Michael McGloin
Dr Angela McNamara
Ms Margaret Murphy
Dr Ailis Ni Riain
Dr Patrick O'Carroll
Dr Winifred (Freeda) O'Connell
Professor Diarmuid O'Donoghue
Dr Colm O'Herlihy

Monitoring Committee Members
Members (7)
Ms Kehoe O'Sullivan (Chair)
Dr Eamonn Breatnach
Dr Abdul Bulbulia
Dr John Casey
Ms Mary Culliton
Ms Cora McCaughan
Dr Declan Woods

APPENDIX A - COMMITTEE MEMBERS

Health Committee
Members (12)
Dr Rita Doyle (Chair)
Mr Rolande Anderson
Ms Mary Duff
Dr Blanaid Hayes
Dr Eamon Keenan
Ms Veronica Larkin
Professor James Lucey
Ms Barbara Lynch
Dr Claire McNicholas
Dr Ailis Ni Riain
Dr Gearoid O'Connor
Dr Peter Staunton

Nominations and Development Committee
Members (4)
Professor Freddie Wood (Chair)
Dr Anthony Breslin
Dr Audrey Dillon
Ms Margaret Murphy

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

Ethics and Professionalism Committee
Members (12)
Dr Audrey Dillon (Chair)
Dr John Barragry
Ms Katharine Bulbulia
Mr Christopher Cowley
Dr Sean Curran
Dr Bairbre Golden
Dr John Jenkins
Professor Alan Johnson
Dr Barry Lyons
Ms Sunniva McDonagh
Ms Margaret Murphy
Professor Freddie Wood

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

APPENDIX A - COMMITTEE MEMBERS continued

Fitness to Practise Committee
Members (44)
Dr Michael Ryan (Chair)
Ms Una Marren Bell
Dr Eamann Breatnach
Mr Michael Brophy
Dr Abdul Bulbulia
Mr Declan Carey
Dr John Casey
Dr Geraldine Corrigan
Ms Mary Culliton
Prof Anthony Cunningham
Ms Joan Tattan-Dennis
Mr Denis Doherty
Ms Mary Duff
Mr T.C Ewing
Professor Fidelma Dunne
Ms Annette Durkan
Ms Catherine Earley
Ms Ger Feeney
Dr Ruari Hanley
Mr Brendan Healy
Dr Nuala Healy
Dr Mary Henry
Mr Seán Hurley
Ms Winifred Jeffers
Professor Alan Johnson
Mr Stephen Kealy
Ms Gloria Kirwan
Professor Mary Leader
Dr Deidre Madden
Mr Gerard Magee
Dr John McAdoo

Fitness to Practise Committee (continued)
Dr Michael McDermott
Professor Damien McLoughlin
Mr Frank McManus
Professor David Morgan
Ms Meg Murphy
Mr Paul Murphy
Mr John Nisbet
Dr Danny O'Hare
Dr Tim O'Neill
Marie Kehoe-O'Sullivan
Ms Melanie Pine
Ms Cornelia Stuart
Dr Consilia Walsh

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

APPENDIX A - COUNCIL MEMBER MEETING ATTENDANCE

Council Member	21st January 2015	22nd January 2015	19th March 2015	20th March 2015	20th May 2015	22nd May 2015
Dr John Barragry	✓	✓	✓	✓	✓	✓
Dr Anthony Breslin	✓	✓	✓	✓		✓
Ms Katharine Bulbulia	✓	✓	✓	✓	✓	✓
Mr Declan Carey	✓	✓	✓	✓	✓	✓
Mrs Anne Carrigy	✓	✓	✓	✓	✓	✓
Mr Fergus Clancy						
Dr Sean Curran	✓	✓	✓		✓	✓
Dr Audrey Dillon	✓		✓	✓	✓	✓
Dr Rita Doyle	✓	✓	✓	✓	✓	✓
Ms Mary Duff					✓	✓
Professor Fidelma Dunne	✓	✓				
Dr Bairbre Golden	✓	✓	✓	✓	✓	✓
Dr Ruairi Hanley			✓		✓	✓
Mr Sean Hurley	✓	✓	✓		✓	
Professor Alan Johnson	✓	✓	✓	✓		
Ms Marie Kehoe O'Sullivan	✓	✓	✓	✓		
Professor Mary Leader	✓				✓	
Councillor Sally Mulready	✓	✓				
Ms Margaret Murphy	✓		✓	✓	✓	✓
Mr John Nisbet	✓	✓			✓	
Dr Colm O'Herlihy	✓	✓	✓	✓	✓	✓
Mr Tom O'Higgins						
Dr Michael Ryan	✓	✓	✓	✓	✓	✓
Ms Cornelia Stuart	✓	✓	✓	✓	✓	✓
Dr Consillia Walsh	✓	✓	✓	✓	✓	✓
Ms Catherine Whelan	✓	✓	✓	✓		
Professor Freddie Wood	✓	✓	✓	✓	✓	✓

14th July 2015	15th July 2015	16th September 2015	17th September 2015	5th November 2015	6th November 2015	15th December 2015	16th December 2015	Total no. of meetings attended
✓	✓	✓	✓	✓	✓			12
✓	✓	✓	✓			✓	✓	11
✓	✓	✓	✓	✓	✓	✓	✓	14
✓	✓	✓	✓	✓	✓	✓	✓	14
✓		✓			✓	✓	✓	11
				✓				1
✓		✓	✓	✓	✓	✓	✓	12
✓	✓	✓	✓	✓	✓	✓	✓	13
✓	✓					✓	✓	10
✓	✓					✓	✓	6
✓	✓				✓	✓	✓	7
✓	✓	✓	✓	✓		✓	✓	13
✓		✓	✓	✓		✓	✓	9
		✓	✓	✓		✓		8
✓	✓			✓	✓	✓	✓	10
✓	✓		✓	✓	✓	✓	✓	11
✓	✓			✓	✓		✓	7
								2
		✓	✓			✓	✓	9
✓	✓	✓	✓			✓	✓	9
✓	✓			✓	✓	✓	✓	12
								0
✓	✓	✓	✓	✓	✓	✓	✓	14
	✓			✓	✓		✓	10
✓	✓	✓	✓	✓	✓	✓		13
	✓							5
✓	✓		✓	✓	✓	✓	✓	13

APPENDIX A - EXTRAORDINARY MEETINGS

Council Member	23rd February 2015	24th February 2015	4th June 2015	17th June 2015	5th August 2015	3rd December 2015
Dr John Barragry		✓	✓			
Dr Anthony Breslin						✓
Ms Katharine Bulbulia	✓	✓		✓	✓	✓
Mr Declan Carey	✓	✓	✓	✓	✓	
Mrs Anne Carrigy	✓	✓	✓	✓	✓	✓
Mr Fergus Clancy			✓	✓		
Dr Sean Curran	✓	✓	✓	✓		
Dr Audrey Dillon	✓	✓		✓		✓
Dr Rita Doyle				✓		✓
Ms Mary Duff				✓	✓	
Professor Fidelma Dunne						
Dr Bairbre Golden		✓	✓	✓		
Dr Ruairi Hanley						✓
Mr Sean Hurley	✓	✓		✓	✓	
Professor Alan Johnson	✓			✓		
Ms Marie Kehoe O'Sullivan					✓	
Professor Mary Leader					✓	
Councillor Sally Mulready				✓		
Ms Margaret Murphy						✓
Mr John Nisbet	✓	✓	✓	✓		✓
Dr Colm O'Herlihy		✓		✓		
Mr Tom O'Higgins						
Dr Michael Ryan				✓	✓	✓
Ms Cornelia Stuart			✓	✓		
Dr Consillia Walsh	✓	✓			✓	
Ms Catherine Whelan	✓	✓	✓			
Professor Freddie Wood	✓		✓	✓		✓

Please note:

- Extraordinary meetings are meetings held usually at very short notice to deal with urgent matters so by their nature they have lower attendance particularly by Council members not based in Dublin
- Councillor Sally Mulready resigned with effect from 26th June, 2015
- Ms Catherine Whelan resigned with effect from 13th July, 2015
- Mr Fergus Clancy and Mr Tom O'Higgins were appointed with effect from end of 2015
- Professor Fidelma Dunne was on sabbatical from March-June, 2015

APPENDIX A - MEDICAL COUNCIL STAFF LIST

(as at 31 December 2015)

CEO's Office
Bill Prasifka
Jana Tumova
Communications & Strategy
Lorna Farren
Barbara O'Neill
Ailbhe Enright
Niamh Manning
Professional Competence
Paul Kavanagh
Simon O'Hare
Grainne Behan
Fergal McNally
Michelle Navan
Simon King
Aoife Grehan
Human Resources
Naoimh McNamee
Judith Marquez
Education & Training
Úna O'Rourke
Karen Willis
Paul Lyons
Elizabeth Molloy
Aoise O'Reilly
Finance
Wendy Kennedy
Breid Foster
Deirdre Foley
Cilla Hickey
Roseanne Fox

Professional Standards
William Kennedy
Niamh Muldoon
Aoife Mellett
John Sidebottom
Roslyn Whelan
Cormac Forristal
Elva Tarpey
Tolulope Bosede
Conor Doyle
Carol Fitzgerald
Anne-Marie Keaveny
Fidelma Burke
Colm Reddan
Erica Heslin
Aoife Whelan
Registration
Philip Brady
Eoin Keehan
Davinia O'Donnell
Ann Curran
Jessica Wu
Alan Armstrong
Donagh O'Doherty
David Griffith
Katie Charmant
Teresa Byrne
Mary Atkinson
Poppy Nolan
Stephanie Kelly
Ross Martin

Nicola Hodgkinson
Jane O'Brien
Anne Byrne
ICT
Jim McDermott
John Cussen
Aoife Fitzsimons
Kris Pakosiewicz
Procurement & Facilities
Ciara McMorrow
Claire Naidoo
Derek O'Connor
Chloe Ryder
Lyndsey Quillinan
Corporate Governance & Council
Lisa Molloy
Jane Horan
Kate Zalewska

APPENDIX B - REGISTRATION STATISTICS

The Medical Council ensures that only appropriately qualified doctors are registered and allowed to practise in Ireland. The register lists the details of these doctors whose qualifications are recognised by the Council. It provides assurance to the public of a doctor's good standing and continuing competence. The register is published on **www.medicalcouncil.ie** so that the public can check whether a doctor is listed.

Pre-Registration Examination Statistics

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

Pre-Registration Examinations 2015	Pass	Fail	Total	Pass Rate
Level 2 (computer-based examination)	**159**	**192**	**351**	**45%**
Level 3 (clinical-based examination)	**101**	**108**	**209**	**48%**

Divisions of the Medical Register

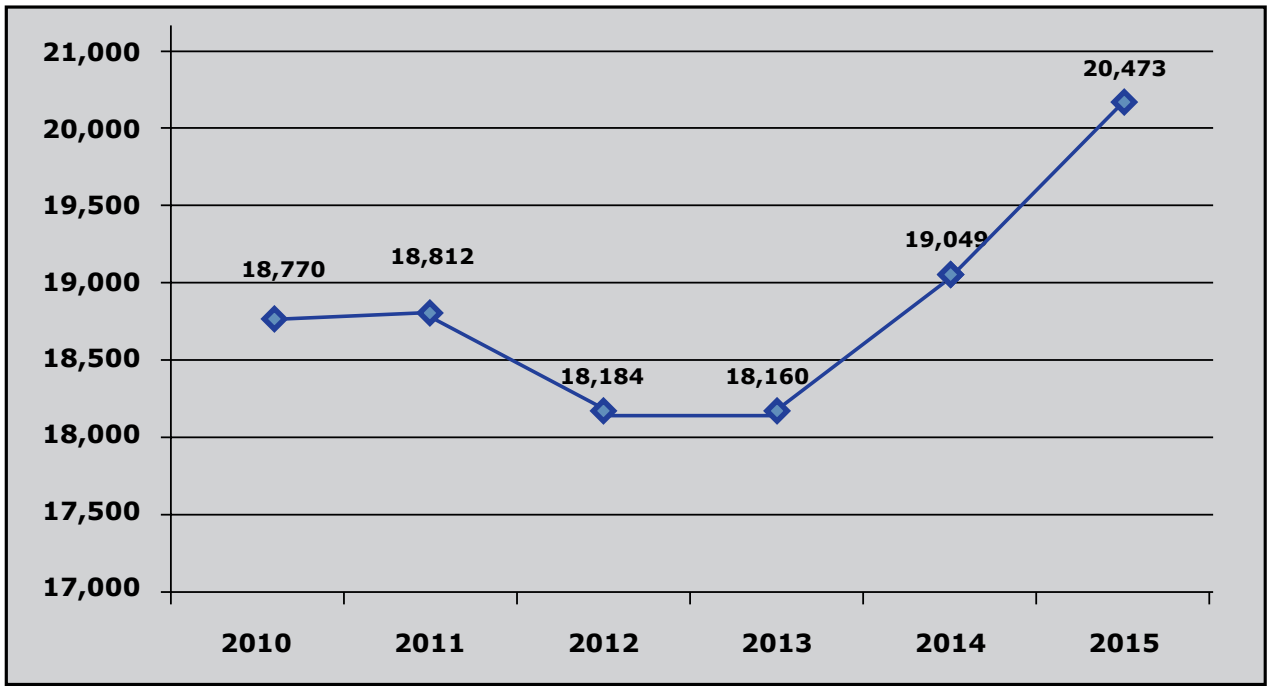
There are six divisions of the medical register. There were 20,473 doctors on the medical register in December 2015, an increase of 1,424 doctors on the register compared to the same period in 2014.

DIVISIONS	Proportion of medical register	No. of Doctors
General Division	**42%**	**8,547**
Specialist Division	**41%**	**8,370**
Trainee Specialist Division	**12%**	**2371**
Intern Registration	**5%**	**932**
Supervised Division	**1%**	**224**
Visiting EEA	**0%**	**29**
Total		**20,473**

APPENDIX B - REGISTRATION STATISTICS

Divisions	2015	2014	2013	2012	2011	2010
General Division	**8547**	8,633	7423	7,223	8,308	9, 345
Specialist Division	**8370**	7,929	7567	7357	7,095	6,534
Trainee Specialist Division	**2371**	1,555	2355	2,506	2,389	2,139
Intern Registration	**932**	800	788	676	670	752
Supervised Division	**224**	106	18	287	232	0
Visiting EEA	**29**	26	9	135	118	0
Total	**20,473**	19,049	18,160	18,184	18, 812	18,770

Trend in number of doctors registered at year end, 2010 - 2015



Gender of doctors on the register

Gender of Doctors Registered 2015	Male	Female	Total
Total No. of doctors registered	**12,076**	**8,397**	**20,473**
%	**59%**	**41%**	

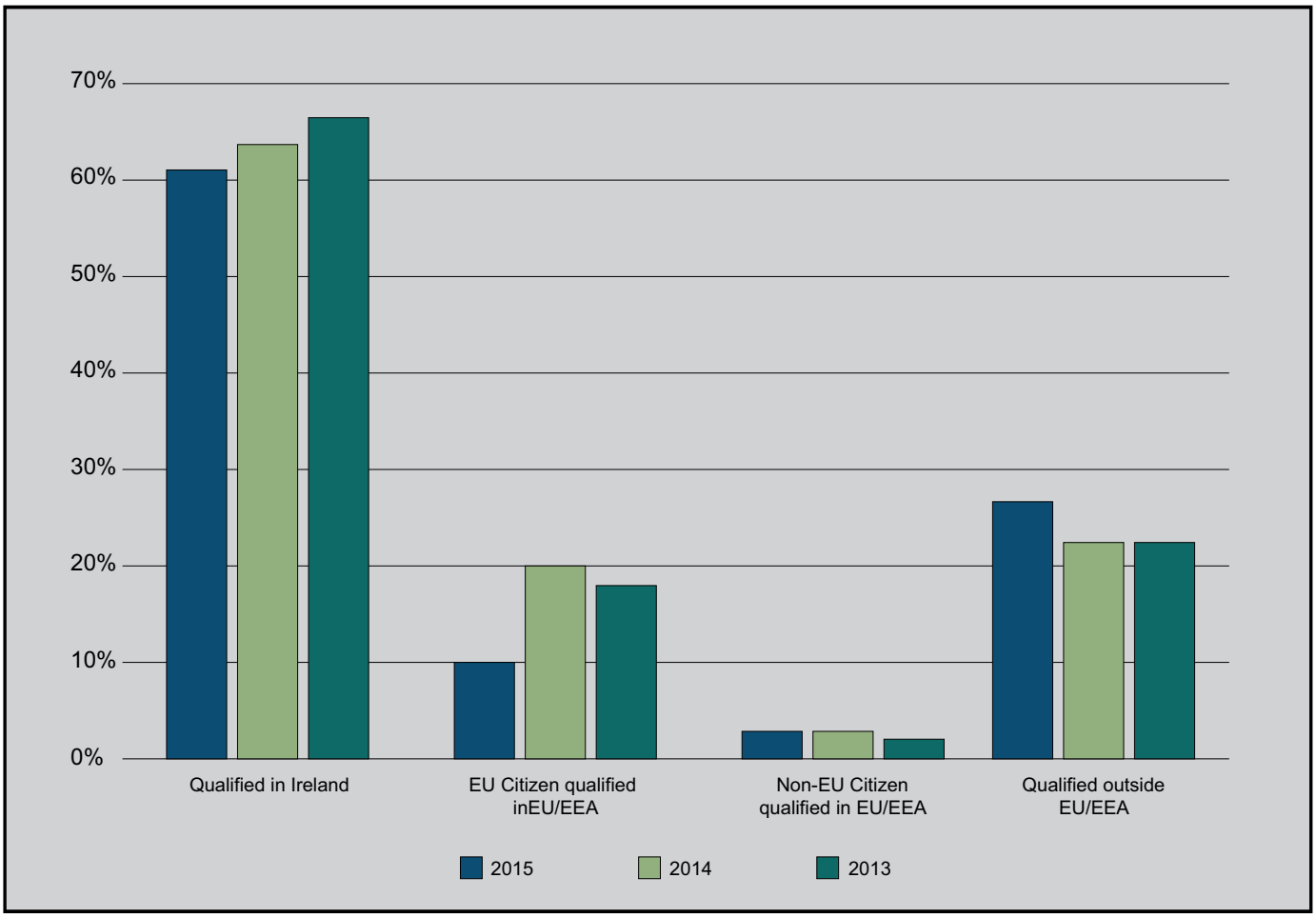
Age range of doctors on the register

Age Range	2015	2014	2013
20-35	**7,236**	6,354	5,775
36-45	**5,315**	5,132	5,008
46-55	**4,141**	3,952	3,907
56-64	**2,491**	2,374	2,264
Over 65s	**1,290**	1,237	1,206
Total:	**20,473**	19,049	18,160

APPENDIX B - CATEGORIES OF APPLICANT FOR REGISTRATION

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

Categories of Applicant		2015		2014		2013
Qualified in Ireland	**12519**	**61%**	12,204	64%	11,972	66%
EU Citizen qualified in EU/EEA	**2050**	**10%**	1,855	10%	1,617	9%
Non-EU Citizen qualified in EU/EEA	**689**	**3%**	556	3%	400	2%
Qualified outside EU/ EEA	**5215**	**26%**	4,434	23%	4,171	23%
Total	**20,473**	**100%**	19,049	100%	18,160	100%



APPENDIX B - HEALTH COMMITTEE STATISTICS

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

Doctors Attending the Health Committee		
2015	2014	2013
51	43	45

Reasons for Referral to Health Committee	**2015**	2014	2013
Substance Misuse	**23**	19	18
Mental Disability	**26**	22	24
Neurological Disorder	**2**	1	2
Co Morbidity - Hepatitis/Drug Misuse	**0**	1	1
Total	**51**	43	45

Source of Referral to Health Committee	**2015**	2014	2013
Self	**14**	13	14
Third Party	**19**	15	15
Medical Council	**18**	15	16
Total	**51**	43	45

Note: Section 67 of the Medical Practitioners Act states that:

1) The Fitness to Practise Committee may, at any time after a complaint is referred to it, request the registered medical practitioner the subject of the complaint to consent to undergo medical treatment.

APPENDIX B - CONDITIONS IMPOSED ON A DOCTOR'S REGISTRATION

The Medical Council can impose conditions on a doctor's registration. Compliance with registration is overseen by the Council's Monitoring Group.

Number of Doctors with the Monitoring Committee	2015	2014	2013
No of doctors with Monitoring Committee as at 31 December	**15**	26	22
No of new doctors with Monitoring Committee 2015	**4**	9	8
Doctors no longer with Monitoring Committee 2015	***14**	*5	*11

* Please note this figure excludes the number of doctors with the Monitoring Group as at 31 December 2015

APPENDIX C -
COMPLAINTS AND FITNESS TO PRACTISE INQUIRY STATISTICS

Source of complaint

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

Origin of Complaints Received	2015	2014	2013
Member of the Public	**288**	238	335
Healthcare professional	**25**	18	28
The Medical Council – the doctor's conduct came to the attention of the Medical Council whether through the media or otherwise	**24**	17	14
The Medical Council, having been notified by a body in another state	**16**	16	4
Solicitor or Solicitors firm not acting on behalf of a member of public (i.e. complaining about a failure to furnish a report etc)	**7**	10	9
Healthcare Institution (private hospitals, nursing homes etc)	**6**	5	7
HSE	**2**	4	1
Other Irish Regulatory Body	**1**	0	1
Patient Advocacy Group	**0**	0	1
Total	**369**	308	400

*The Medical Council became the complainant in 40 cases in 2015. Where information is received from a party who did not wish to become the complainant against a doctor, the Medical Council can become the complainant.

Complaints made against doctors by gender

Gender	2015	2014	2013
Male	**317**	263	358
Female	**135**	103	145
Total	**452**	366	503
No of doctors on the register	**20,473**	19,049	18, 160
% of doctors complained against	**2.2%**	1.9%	2.7%

*A complaint can be made against more than one doctor

Of 369 complaints received in 2015 there were 452 doctors involved.

APPENDIX C -

COMPLAINTS AND FITNESS TO PRACTISE INQUIRY STATISTICS

Complaints made against doctors by division of the Register

Divisions	2015	2014	2013
General Division	**124**	113	143
Specialist Division	**313**	245	340
Trainee Specialist Division	**15**	7	15
Intern Registration	**0**	1	3
Supervised Division	**0**	0	2
Total	**452**	366	503

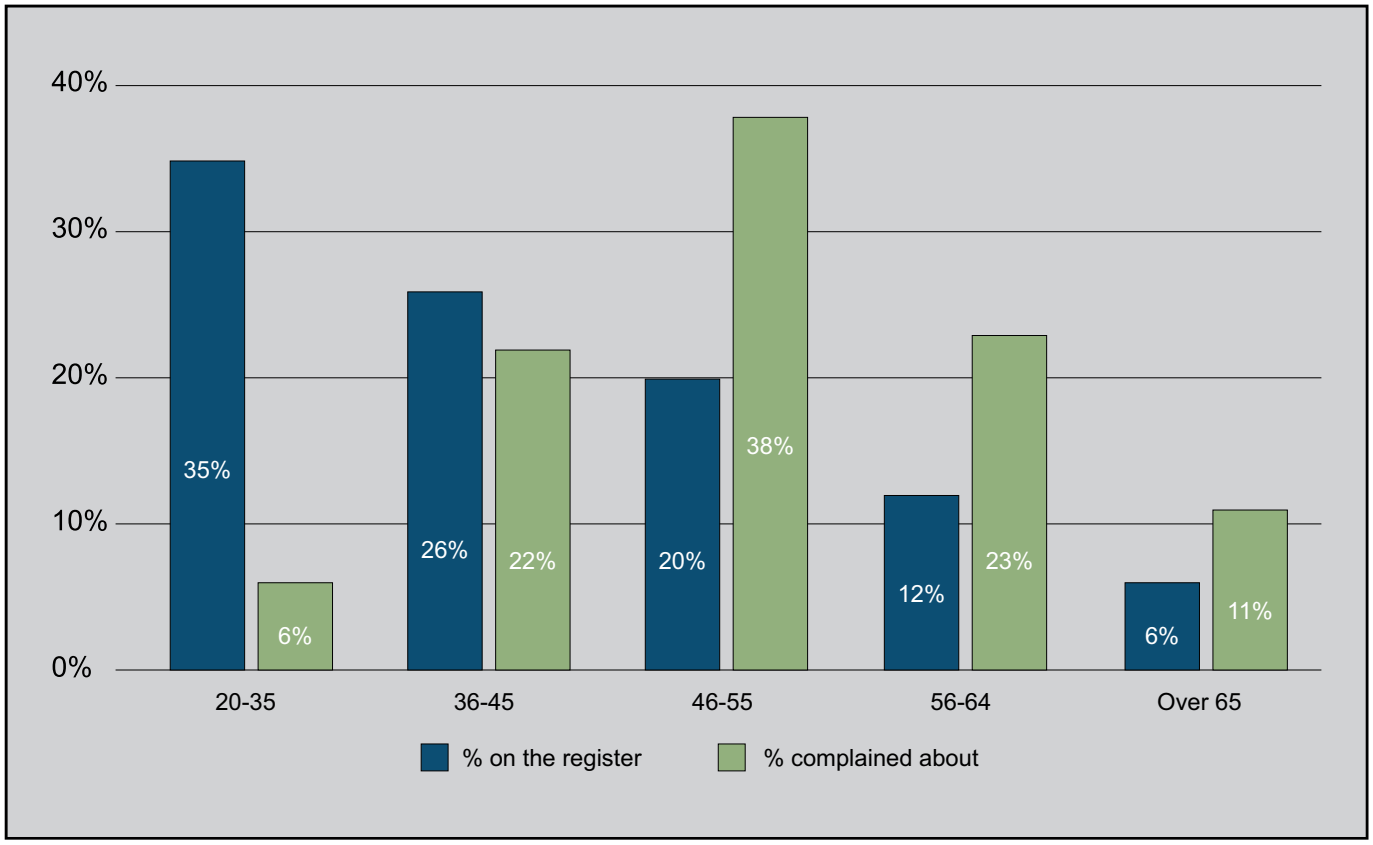
Complaints by age range

Age Ranges	2015	2014	2013
20-35 years	**27**	26	34
36-45 years	**98**	87	126
46-55 years	**171**	122	153
56-64 years	**104**	88	135
65 + years	**52**	43	55
Total	**452**	366	503

APPENDIX C -

COMPLAINTS AND FITNESS TO PRACTISE INQUIRY STATISTICS

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

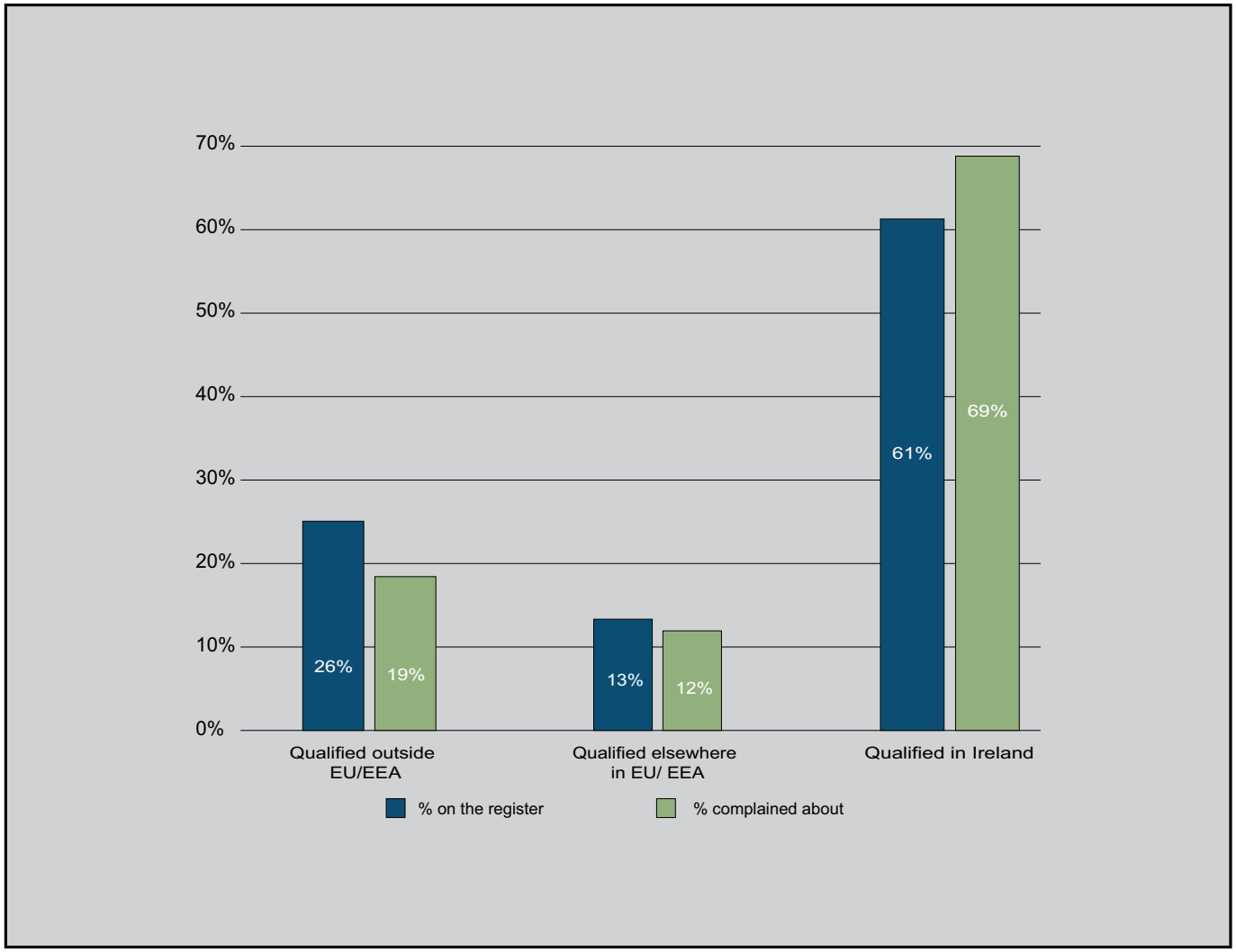


Area of Qualification of doctors complained against

Category	2015	2014	2013
Qualified in Ireland	**311**	274	377
Qualified in EU/EEA	**54**	34	57
Qualified outside EU/ EEA	**87**	58	69
Total	**452**	366	503

APPENDIX C -
COMPLAINTS AND FITNESS TO PRACTISE INQUIRY STATISTICS

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



APPENDIX C -
COMPLAINTS AND FITNESS TO PRACTISE INQUIRY STATISTICS

Types of complaints received

There were 369 complaints received in 2015. Categories of complaint reflect the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners. Each complaint received can be categorised on numerous grounds, i.e., clinical care, communication, record keeping. For example, a complaint might be in relation to poor communication but may also mention failure to refer a patient. Accordingly, the categories do not equate to the number of complaints received in a year.

Categories of Complaint Received	2015	2014	2013	2012
Professional Conduct				
Criminal Convictions	**0**	1	0	5
Informing Medical Council of other regulatory proceedings/ decisions, criminal charges and/or convictions.	**3**	4	4	8
Breach of the Medical Practitioners Act 2007	**13**	16	1	3
Dishonesty	**8**	20	14	13
Total	**24**	41	19	29
Responsibilities to Patients				
Reporting obligations concerning abuse of children/elderly/ vulnerable adults	**1**	2	1	3
Treating patients with dignity	**37**	65	34	32
Refusal to treat	**19**	16	25	29
Conscientious objection	**0**	4	0	0
Emergencies	**6**	6	4	4
Appropriate Professional Skills	**48**	48	46	25
Adequate language Skills	**7**	11	11	0
Communication	**151**	91	114	106
Physical and intimate examinations	**11**	8	15	19
Personal relationships with patients	**3**	2	2	6
Assisted Human Reproduction	**1**	0	0	1
End of life care	**1**	1	2	4
Total	**285**	254	254	229

APPENDIX C -
COMPLAINTS AND FITNESS TO PRACTISE INQUIRY STATISTICS

Categories of Complaint Received	2015	2014	2013	2012
Medical Records and Confidentiality				
Maintenance of accurate and up to date patient medical records	**8**	12	19	15
Confidentiality	**27**	17	13	12
Total	**35**	29	32	27
Professional Practice				
Maintaining competence	**14**	26	1	4
Reporting concerns about colleagues	**2**	5	3	1
Professional relationships between colleagues	**6**	7	14	9
Professional Indemnity	**0**	3	3	0
Accepting Posts	**0**	1	1	0
Treatment of relatives	**7**	0	4	0
Advertising	**1**	1	4	4
Premises and Practice Information	**2**	2	1	5
Medical reports	**8**	20	27	20
Certification	**4**	4	4	16
Prescribing	**36**	23	34	28
Referral of patients	**23**	19	22	11
Locum and rota arrangement	**0**	1	0	0
Telemedicine	**1**	1	1	0
Retirement and transfer of patient care	**0**	1	0	2
Fees	**4**	2	7	0
Total	**108**	116	126	100

APPENDIX C -
COMPLAINTS AND FITNESS TO PRACTISE INQUIRY STATISTICS

Categories of Complaint Received	2015	2014	2013	2012
Relevant Medical Disability				
Alcohol Abuse	**1**	1	1	0
Drug Abuse	**3**	0	3	1
Mental or behavioural illness	**2**	0	5	3
Physical illness	**0**	0	1	3
Total	**6**	1	10	7
Treatment				
Consent	**12**	5	17	12
Clinical investigations and examinations	**89**	54	80	77
Diagnosis	**90**	90	123	105
Follow up care	**42**	51	74	55
Surgical Procedures	**36**	22	32	33
Continuity of care	**8**	26	29	13
Total	**277**	248	355	295
Total No of Categories	**735**	689	796	688

APPENDIX C -
COMPLAINTS AND FITNESS TO PRACTISE INQUIRY STATISTICS

Complaints Considered by the Preliminary Proceedings Committee

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

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

Decisions Made by the Preliminary Proceedings Committee

Decisions Made	2015	2014	2013	2012	2011	2010
Prima Facie Decision (a Fitness to Practise inquiry was called)	**60**	24	32	56	39	55
No further action	**286**	252	346	306	299	227
Mediation	**1**	0	9	5	6	16
Referred to Professional Competence Scheme	**14**	6	5	6	-	-
Referral to another body	**3**	8	9	9	1	-
Withdrawal	**14**	13	12	15	22	16
Total No of decisions made	**378**	303	413	397	367	314

Inquiries Held	2015	2014	2013	2012	2011	2010
Completed	**35**	19	39	41	37	43
Adjourned	**1**	4	1	2	8	3
Pending (as at 31/12/13)	**45**	33	26	33	22	33

APPENDIX C -
COMPLAINTS AND FITNESS TO PRACTISE INQUIRY STATISTICS

No. and Length of Inquiries	2015	2014	2013
*No. of inquiry days	**73**	42	67
Average No of days per inquiry	**2.08**	2.2	1.8

Outcomes of Inquiries	2015	2014	2013
Professional misconduct	**6**	8	14
Relevant medical disability	**2**	0	0
Poor professional performance	**6**	2	10
No finding/ fit to engage in practice of medicine / no case	**7**	5	6
Undertaking pursuant to section 67 of the Medical Practitioners Act	**11**	4	9
Contravention of the Medical Practitioners Act 2007	**4**	0	0

* includes 7 days FTPC Callover meetings - Fitness to Practise Callover meetings take place before a panel of three Fitness to Practise Committee (FTPC) members.

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

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

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

Sanctions Imposed on a Doctor by Council	2015	2014	2013
Cancellation of registration (2007 Act)	**5**	1	4
Conditions	**3**	4	11
Suspension	**0**	0	1
Advise / admonish / censure	**7**	7	18
Censure in writing and fine	**2**	0	0
Total	**17**	12	34

There were 35 cases heard in respect to an equal number of practitioners relating to 40 complaints referred to the Fitness to Practise Committee by the Preliminary Proceedings Committee. It can be the case that if the subject of a complaint is similar or relates to the same incident, individual complaints relating to the same practitioner can be heard together.

APPENDIX C -
COMPLAINTS AND FITNESS TO PRACTISE INQUIRY STATISTICS

Transparency

The Medical Council strives to carry out its work in an open and transparent manner to ensure the confidence of doctors and the public. In March 2009, the first public inquiry was heard under the Medical Practitioners Act 2007. Inquiries are held in public unless an application is made by the complainant, the doctor, or a witness to hold all, or part, of the inquiry in private, and the Fitness to Practise Committee is satisfied that it would be appropriate in the circumstances to do so. Before 2009, all inquiries were held in private.

In 2015, on foot of applications from parties involved in inquiries, there were 12 private inquiries. A further 5 were concluded at a preliminary callover hearing, where the doctor gave an undertaking and the Committee believed it was in the public interest to accept.

This specific nature of these inquiries included:

- **Complaints of a Sexual Nature / Sensitive Nature (4)**
  Applications by Doctors/Witnesses based on the sensitive nature of the allegations regarding alleged sexual assault, inappropriate examinations, inappropriate comments of a sexual nature etc.

- **Health Grounds (4)**
  Applications by the respondent doctors where concerns regarding their health were raised before the Committee.

- **Treatment of a Personal/Intimate Nature (3)**
  Application based on clinical care of an intimate or personally sensitive nature.

- **Concluded at Callover by means of an Undertaking (5)**
  Such matters were dealt with at a callover by way of an undertaking acceptable to the Fitness to Practice Committee, which resulted in no inquiry being held, all callovers being in private.

- **Matter linked to Previous Inquiry, held in Private (1)**
  This inquiry was related to the facts of a previous inquiry, which was held in private, and so to allow the inquiry hear details, privacy was required.

Inquiries held in Public/Private/Part Public	2015	2014	2013
Public	**18**	4	25
Private (5 requested by complainant or witness, 7 requested by doctor)	**12**	9	11
Concluded at preliminary private hearing (callover*)	**5**	6	1
Part private	**0**	0	2

**Fitness to Practise Callover meetings take place before a panel of three Fitness to Practise Committee (FTPC) members. The purpose of the Callover is to fix dates for hearings, decide as to whether an inquiry will be held in private/public/part public and any other preliminary issues that may arise.*

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

APPENDIX D – FREEDOM OF INFORMATION STATISTICS

FOI Stats 1 Jan 2013 - 31 Dec 2015

No. of Freedom of Information Requests	2015	2014	2013	2012	2011
Brought forward from previous year	**1**	3	2	4	0
Requests received in current year	**35**	33	9	25	16
Cases answered in Current year	**34**	35	8	27	12
Live cases at year end	**1**	1	3	2	4

Status of Requests	2015	2014	2013
Granted	**11**	8	4
Part Granted	**8**	18	3
Refused	**5**	6	0
Withdrawn/Outside FOI	**9**	3	1

Type of Requests	2015	2014	2013
Personal	**17**	22	5
Non Personal	**18**	14	4
Mixed	**0**	0	0

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