

# ANNUAL REPORT 2010

---



Comhairle na nDochtúirí Leighis  
Medical Council



# CONTENTS

President’s Statement	Page 2
Chief Executive Officer’s Review	Page 4
The Role and Functions of the Medical Council	Page 7
The Medical Council	Page 8
Medical Council Executive	Page 10
Finance	Page 12
Human Resources	Page 13
Registration	Page 14
Education and Training	Page 16
Professional Standards	Page 18
Professional Competence	Page 20
Corporate Services	Page 22
Operations and ICT	Page 24
Highlights and Key Activities	Page 26
Financial Statements	Page 38
Appendices	Page 61
Glossary	Page 79



Professor Kieran C. Murphy  
President

## PRESIDENT'S STATEMENT

I am pleased to submit, in accordance with Section 16 of the Medical Practitioners Act 2007 (MPA), the Annual Report of the Medical Council for the year ended 31st December 2010.

The commencement of Part 11 of the Medical Practitioner's Act 2007 in May 2010 provides a statutory framework for doctors to maintain their professional competence. For the majority of doctors, this is the formalisation in law of a process with which they are already voluntarily engaged. It is a very important milestone for the profession and for patients and will help maintain and build trust between patients and doctors. Patients can now be certain that their doctor is maintaining an appropriate level of knowledge and skills and these professional competence schemes will help ensure that patients are getting the best possible care.

The Council's Statement of Strategy 2010 - 2013, approved in July 2010, outlines the Medical Council's vision, mission and values in addition to our strategic objectives for the next three years. The overall objective of the Medical 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. In a contemporary society, there are increased expectations from the public and increased accountability of doctors. We aim to be a progressive, fit-for-purpose organisation which continually looks to improve the way in which we work to meet these expectations. The Statement gives strategic direction to the Council over the next three years to further promote patient safety and further enhance the trust of the public in the medical profession.

The Council's new CEO Caroline Spillane took office at the end of September 2010 and has implemented invaluable changes to our business processes and procedures. In particular, she led the development of the Medical Council's first formal business plan, providing a clear framework which enables Council and the Executive to realise our strategic objectives.

In 2010 we have worked to communicate in more comprehensive ways with the public, the medical profession and other stakeholders. Our first videocast on Medical Ethics was produced in September featuring Dr Deirdre Madden, Chair of the Ethics Working Group, in which she takes viewers through the 7th edition of the Guide to Professional Conduct and Ethics for Registered Medical Practitioners. We are committed to sharing information with patients about their rights and about the responsibilities of doctors. This form of communication is a new development for the Council and we hope it will provide clarity on these issues to a wider audience.

2010 saw an increase in the number of public inquiries, from 4 in 2009 to 14 in 2010. The majority of inquiries under the MPA 2007 are now held in public and this increase can be attributed to the

rise in public awareness and knowledge of Medical Council procedures. Leaflets on our complaints and inquiry procedures have been published and are available on our website. The Medical Council is keen to educate the public of their rights and the profession of their obligations in their medical practice and will continue to review and redevelop our publications on an ongoing basis.

Our new website has increased the transparency of our work by providing more easily accessible information to interested parties. 2011 will bring continued development in our communications that we hope will further enhance our interactions in this contemporary society.

This has been a very busy and challenging year and I would like to thank each member of the Council for their dedication and expertise. Following the resignation of Professor Paul Finucane, Dr John McAdoo, was nominated to join the Medical Council and is due to take his place as a member of Council in the New Year. I am very grateful to Paul for his outstanding work as Chair of the Professional Competence Schemes Working Group which laid the foundations for the establishment of professional competence schemes prior to May 2011. In particular he oversaw the development of Part 11 Rules and Associated Standards which underpin the operation of these schemes.

I would like to acknowledge our close working relationships with the Department of Health and Children, the Health Service Executive Medical Education and Training Division and the Forum of Postgraduate Training Bodies.

I would also like to thank Marcus Balfe, Head of Finance, who acted as Interim CEO until Caroline Spillane's appointment and who provided skilled leadership during the interim period.

My final thanks to the Chief Executive Officer and all her staff at the Medical Council for their work in administering the work of the Council with great professional competency.

**Professor Kieran C. Murphy**  
President





Ms Caroline Spillane  
Chief Executive Officer

# CHIEF EXECUTIVE OFFICER’S REVIEW

2010 was a year of immense change for the Medical Council, as the delivery of numerous improvements in work practices streamlined our processes and brought them in line with best practice among medical regulators in other jurisdictions.

Our strategy for 2010-2013 was approved in July, and it will provide a platform from which we will agree and develop our work over the next three years. The strategy document was the blueprint which led to the creation of a detailed business plan for the second half of 2010, and subsequent business plans will outline initiatives designed to meet our strategic objectives. As our foremost duty is to protect the public, it is imperative that our processes are transparent and that all of our stakeholders have confidence in the work we undertake. The publication of our strategy and business plans will highlight measurable targets against which we will benchmark our progress over the coming years.

The commencement of Part 11 of the Medical Practitioners Act in May began an intensive consultation and engagement process surrounding new statutory requirements for the maintenance of professional competence. Within a year of the commencement of the Act, all practising doctors will be legally obliged to maintain their professional competence by enrolling in professional competence schemes and following requirements set by the Medical Council. A significant body of work was undertaken in the second half of 2010 to communicate with doctors about these new obligations, while simultaneously developing rules and standards and planning for performance assessment structures. I’d like to thank the many individuals and organisations who generously gave their time to be part of the consultation process. Feedback from the public, doctors, training bodies and a range of stakeholders has made an immense contribution to the process. It is heartening that at the end of 2010, a survey found that 96% of doctors were confident they will meet their statutory requirements to maintain professional competence. Council and staff will build on this work, to ensure that all necessary systems are in place for the launch of schemes in May 2011.

One of our key strategic objectives is to ensure that clear standards for medical conduct and ethics are set and monitored. In 2010 eight domains of good professional practice were devised and incorporated into the curriculum at medical schools in Ireland. They offer a clear guide for all doctors and encapsulate the core principles and values which are key to enhancing patient safety. They can be viewed on our website, [www.medicalcouncil.ie](http://www.medicalcouncil.ie) and provide a clear summary for both doctors and patients of the standards expected.

Much work was done in 2010 to engage with the public, the profession and other stakeholders. A new web site, with enhanced features, was launched earlier in the year and now hosts comprehensive information tailored for both doctors and the public. A customer service audit was undertaken and its results will be evaluated in 2011 to further improve our processes. More than 360 complaints were received in 2010, a 22% increase on 2009 and we expect this number to increase in the coming years as we undertake extensive communications activities to make the public more aware of our role and processes. It is important that the public are encouraged to highlight any perceived shortfall in the standard of care they receive while the profession are confident in the transparency and fairness of Council’s processes.

We have worked collaboratively throughout 2010 to ensure our role within the wider health system supports and complements the work of other organisations. I would like to particularly thank the Minister for Health and Children, Officials in the Department of Health and Children, our colleagues in the 13 Postgraduate Training Bodies, the Health Services Executive and the many patient representative bodies for working closely with us in 2010.

On behalf of the staff, I wish to thank Council members, and specifically Committee and Working Groups Chairs, for their guidance in our pursuit of excellence in regulatory practices. In particular, I wish to recognise the significant level of strategic leadership and direction provided by the President, Professor Kieran C. Murphy.

I would like to thank the staff for their commitment and diligence which is illustrated in the great number of achievements in a busy year for the Council. Finally, I would like to express my gratitude to each member of the Senior Management Team for their continued support.

**Caroline Spillane**  
Chief Executive Officer



## THE ROLE AND FUNCTIONS OF THE MEDICAL COUNCIL

**The objective of the Medical 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 are to:

- Establish and maintain the register of medical practitioners
- Approve and review programmes of education and training necessary for the purposes of registration and continued registration
- 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

### Mission Statement:

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

The Medical Practitioners Act 2007 has conferred the Medical Council with an increased number of statutory functions that allows Council to exercise this role in a more comprehensive manner. The above principal functions, in addition to the increased responsibilities for establishing standards for undergraduate education and postgraduate training of doctors, provides a stable mandate for achieving Councils mission statement.



# MEDICAL COUNCIL

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, members of the public and stakeholders, all of whose appointments have been approved by the Minister for Health and Children. The current Council's period of office is 2008 to 2013. The members of the Council are as follows



**Professor Kieran Murphy (President):** Professor Kieran Murphy, a medical practitioner specialising in Psychiatry, was nominated by the Irish Psychiatric Training Committee.



**Dr Anna Clarke (Vice-President):** Dr Anna Clarke, a medical practitioner specialising in Public Health Medicine, was elected to the Medical Council.



**Mr Jon Billings:** Mr Jon Billings, a non-medical member, was nominated by the Health Information and Quality Authority.



**Dr Richard Brennan:** Dr Richard Brennan, a medical practitioner, was nominated by the Irish College of General Practitioners.



**Mr Brendan Broderick:** Mr Brendan Broderick, a non-medical member, was nominated by the Health Service Executive to represent the management of the public health sector.



**Ms Katharine Bulbulia:** Ms Katharine Bulbulia, a non-medical member, was nominated by the Minister for Health & Children



**Professor Gerard Bury:** Professor Gerard Bury, a medical practitioner specialising in General Practice, was elected to the Medical Council.



**Ms Anne Carrigy:** Ms Anne Carrigy, a non-medical member, was nominated by An Bord Altranaís.



**Dr Regina Connolly:** Dr Regina Connolly, a non-medical member, was nominated by the Minister for Health & Children.



**Ms Mary Culliton:** Ms Mary Culliton, a non-medical member, was nominated by the Health Service Executive.



**Professor Anthony Cunningham:** Professor Anthony Cunningham, a medical practitioner specialising in Anaesthesia, was elected to the Medical Council.



**Professor Paul Finucane:** Professor Paul Finucane, a medical practitioner, was nominated by the University of Limerick.



**Dr John O' Mullane:** Dr John O' Mullane, a non-medical member, was nominated by the Health and Social Care Professionals Council.



**Dr Deirdre Madden:** Dr Deirdre Madden, a non-medical member, was nominated by the Minister for Health & Children.



**Professor Damien McLoughlin:** Professor Damien McLoughlin, a non-medical member, was nominated by the Minister for Health & Children.



**Mr Frank McManus:** Mr Frank McManus, a medical practitioner, was nominated by the Royal College of Surgeons in Ireland.



**Dr John Monaghan:** Dr John Monaghan, a medical practitioner specialising in Obstetrics and Gynaecology, was elected to the Medical Council.



**Ms Margaret Murphy:** Ms Margaret Murphy, a non-medical member, was nominated by the Minister for Health & Children.



**Ms Marie Murray:** Ms Marie Murray, a non-medical member, was nominated by the Minister for Education and Science after consultation with the Higher Education Authority.



**Professor Diarmuid O'Donoghue:** Professor Diarmuid O'Donoghue, a medical practitioner, was nominated by the Royal College of Physicians of Ireland.



**Dr Daniel O'Hare:** Dr Daniel O'Hare, a non-medical member, was nominated by the Independent Hospitals Association of Ireland.



**Dr David O'Keeffe:** Dr David O'Keeffe, a medical practitioner specialising in Radiology, was elected to the Medical Council.



**Professor William Powderly:** Professor William Powderly, a medical practitioner, was nominated by University College Dublin.



**Professor Jim Slevin:** Professor James Slevin, a non-medical member, was nominated by the Royal Irish Academy.

**Dr Pauline Kane:** Dr Pauline Kane, a medical practitioner practising as a Non-Consultant Hospital Doctor, was elected to the Medical Council.



# MEDICAL COUNCIL EXECUTIVE

The Medical Council staff work in the seven divisions of the Executive. Each division is led by a Head of Section, who reports to the Chief Executive Officer. The Chief Executive Officer is appointed to manage and co-ordinate the administration and business of the Council and to perform any other functions that may be delegated by the Council. The CEO is responsible for the day-to-day activities of the Council with the assistance of a management team comprised of the Heads of Section (Registration, Professional Standards, Education & Training, Professional Competence, Finance , Operations & ICT and the Secretary to Council & Head of Corporate Services).



Ms Caroline Spillane  
Chief Executive Officer



Mr Marcus Balfe  
Head of Finance



Ms Úna O'Rourke  
Head of Registration



Dr Anne Keane  
Head of Education & Training



Mr William Kennedy  
Legal Advisor & Head of Professional Standards



Dr Paul Kavanagh  
Head of Professional Competence



Ms Lisa Molloy  
Secretary to Council & Head of Corporate Services



Mr Jim McDermott  
Head of Operations & ICT



# FINANCE

The function of the Finance Section is to manage the finances of the Medical Council in a prudent and efficient manner and to ensure that the Council fulfils its legislative requirements and applies best practice to the governance of its affairs.

The Head of Finance is also responsible for overseeing the Human Resources function. An external HR Consultant works in conjunction with the Management team to provide HR advice and support. A dedicated senior member of staff manages the administration of HR activities within the Medical Council.

## Finance-related Committees and Working Groups:

### Audit Committee (AC)

The Medical Council has an Audit committee which is responsible for providing a framework for accountability; for examining and reviewing all systems and methods of control both financial and otherwise including risk analysis and risk management; and for ensuring the Medical Council is complying with all aspects of the law, relevant regulations and good practice. The external auditor meets periodically with the Committee to brief them on the outcome of the external audit. The Medical Council’s internal auditor Mazars conducts annual reviews of internal financial controls.

### Corporate Governance Working Group (CGWG)

The Corporate Governance Working Group reports to the Audit Committee. The role of the Corporate Governance Working Group is to ensure the Medical Council complies with all aspects of the law, relevant regulations and good practice in relation to corporate governance.

### Remuneration Working Group (RWG)

The Remuneration Working Group reports to the Audit Committee. The role of the Remuneration Working Group is to ensure that all expenses incurred by the Council shall be defrayed by the Council out of the funds at the disposal of the Council.

## Summary of HR Activities and Initiatives in 2010

### Computerised HR System

The online HR system to facilitate more effective data management is now fully functional and it is intended to further customise this system during 2011. The system allows both staff and managers to review an employee’s record regarding attendance, leave etc.

### Training

Staff undertook training in the following areas during 2010:

*IT* - including the NICS platform, the HR system, the updated version of Microsoft Office. This is an ongoing process.

*Health and Safety* - all staff undertook a number of Health and Safety training programmes including Fire Drill and Occupational First Aid during 2010.

*Management Training* - an in-house management development programme for all Senior Executive Officers was designed. Delivery of the programme commenced in September 2010.

*Individual professional development programmes* - a number of staff undertook personal and professional development initiatives supported by the Council during 2010.

### Staff Handbook

The staff handbook was introduced in its current format in 2007 and is regularly reviewed and updated in line with changes in legislation and HR practice.

### Well-being Initiative

A well-being initiative for staff, led by the Senior Executive Officer group, was successfully launched in 2009 and due to the positive feedback it received is ongoing.

### EAP Programme

An ongoing Council-sponsored EAP programme for staff is provided by VHI.

### Permanent Health Insurance Cover

The Medical Council is operating a PHI scheme aimed at public servants and a number of staff members have joined this scheme.

Marcus Balfe Head of Section	Breid Foster Senior Executive Officer	Leanne Bryne Executive Officer
Iain Mathews Finance Manager	Cilla Hickey Executive Officer	



# REGISTRATION

The main functions of the Registration Section are: processing applications for general, specialist, trainee specialist, visiting EEA and internship registration; implementation of policies and decisions set by the Registration Working Group and the Standards in Practice Committee; maintenance of the register; assisting with registration-related queries.

## Registration-related Committees and Working Groups that met during 2010:

### Standards in Practice Committee (SIPC)

The Standards in Practice Committee is responsible for setting standards in respect of the registration, practice and assessment of registered medical practitioners to include issues relating to the health, remediation and professional competence assessment of individuals.

### Health Sub-committee

The Council's Health Sub-committee advises and supports the work of the Standards in Practice Committee and the Medical Council where health issues arise for registered medical practitioners. The Health Sub-committee address issues that are referred by the SIPC and provide advice for registered medical practitioners.

### Registration Working Group (RWG)

The role of the Registration Working Group is to set the standards in respect of the registration of individual registered medical practitioners, report to and make recommendations to the Standards in Practice Committee where appropriate.

Una O'Rourke Head of Section	Susan Barr Executive Officer	Patricia Whyte Executive Officer	Marian O'Connor Clerical Officer
Philip Brady Senior Executive Officer	Grainne Behan Executive Officer	Jessica Wu Executive Officer	Elva Tarpey Clerical Officer
Ann Curran Senior Executive Officer	Katie Charmant Executive Officer	Sebastian Chacko Clerical Officer	
Eoin Keehan Senior Executive Officer	Ann Giblin Executive Officer	Teresa Byrne Clerical Officer	
Alan Armstrong Executive Officer	David Griffith Executive Officer	Donagh O'Doherty Clerical Officer	



# EDUCATION AND TRAINING

The Education and Training Section support the Council’s functions in setting and monitoring standards in undergraduate, intern and postgraduate education and training in Ireland. This includes accreditation of undergraduate and postgraduate programmes and bodies; determining which specialties should be recognised; producing criteria and guidelines on a range of education and training issues (including ethical standards and behaviour for medical students, curriculum issues and content and the awarding of qualifications). Its monitoring functions include the inspection of universities, medical schools, and clinical training sites, both hospital and community-based. The Section also administers the Pre-Registration Examination System (PRES).

## Education and Training-related Committees and Working Groups that met during 2010

### Professional Development Committee (PDC)

The Professional Development Committee is responsible for the implementation of Council’s policy for medical education in Ireland. The PDC strives to ensure the quality of medical education and training by establishing national standards and guidelines and then assessing their delivery by universities and medical schools, postgraduate training bodies and clinical training sites. This inspection is undertaken by teams mandated by the Medical Council to undertake this assessment.

### Basic Medical Qualification Working Group (BMQWG)

The purpose of the Basic Medical Qualification Working Group is to, under the direction of the Professional Development Committee, set standards in respect of organisations providing courses and facilities for the provision of basic medical education and training of medical students.

### Intern Working Group (IWG)

On the recommendation of the Intern Working Group, the Intern Training Sub-Committee was formed on 23rd June 2010. It has continued the process of developing standards and criteria for granting a Certificate of Experience including a targeted consultation process with the major stakeholders engaged in intern training in Ireland.

### The Postgraduate Training Working Group (PGWG)

The Postgraduate Training Working Group is primarily responsible for providing guidance to the Council, through the Professional Development Committee on the standards of specialist medical education and training.

### Clinical Training Sites Working Group (CTSWG)

The role of the Clinical Training Sites Working Group is to advise and make recommendations to the Professional Development Committee in respect of the standards necessary for clinical training sites.

Anne Keane  
Head of Section

Ruth Thompson  
Executive Officer

Aoife Fitzsimons  
Clerical Officer

Paul Lyons  
Senior Executive Officer

Emmet Murray  
Executive Officer

Karen Willis  
Senior Executive Officer

Elizabeth Molloy  
Executive Officer



# PROFESSIONAL STANDARDS

**The main functions of the Professional Standards Section, in supporting the work of the relevant Committees below, include:**

- corresponding with complainants and registered medical practitioners with regard to complaints files for review by the PPC (Pursuant to section 57(1) of the Medical Practitioners Act 2007)
- organising FTPC hearings into the conduct and/ or fitness to practise and/ or poor professional performance and/ or relevant medical disability of registered medical practitioners
- preparing documentation for each PPC and FTPC meeting/ hearing; dealing with the correspondence following those meetings/ hearings; and drafting the arising minutes for approval
- drafting guidelines required under the legislation and carry out investigations on the direction of the PPC

## Professional Standards-related Committees and Working Groups that met during 2010

### Preliminary Proceedings Committee (PPC)

The Preliminary Proceedings Committee was established pursuant to section 20 of the Medical Practitioners Act 2007 ‘to give initial consideration to complaints’ against registered medical practitioners.

A total of 361 complaints were received in 2010 (see statistics in Appendix E).

In addition to referring matters to the Fitness to Practise Committee for inquiry, the Preliminary Proceedings Committee can:-

- form the opinion that there is no further action to be taken in relation to a complaint
- refer the complaint to another body or authority
- refer the complaint to a professional competence scheme as established under Part 11 of the Medical Practitioners Act 2007
- refer the complaint, with the consent of the parties, to mediation

### Fitness to Practise Committee (FTPC)

Inquiries are heard by a Fitness to Practise “Panel” which is made up of three members of the Fitness to Practise Committee, one of whom is a registered medical practitioner. At least one member must also be a member of the Medical Council. The Fitness to Practise Committee hold regular “Callover meetings” where dates are fixed for inquiries and any preliminary applications can be made (for example applications for the hearing to be held in private or public).

### Ethics Working Group (EWG)

The Ethics Working Group gives guidance to the profession on all matters relating to professional conduct and behaviour and has continued to progress further work on ethical issues which require additional consideration in collaboration with other relevant stakeholders.

### Monitoring Working Group (MWG)

The Monitoring Working Group’s primary function is to monitor a practitioner’s compliance with conditions attached to their registration following sanction by the Medical Council.

William Kennedy  
Head of Section

Finola O’Brien  
Senior Executive Officer

Jane Horan  
Executive Officer

John Sidebottom  
Senior Executive Officer

Roslyn Whelan  
Executive Officer

Amanda McGuinness  
Clerical Officer

# PROFESSIONAL COMPETENCE

The Professional Competence Section is responsible for developing and implementing a system for the regulation of the maintenance of professional competence in line with Council policy. This will be achieved through establishing, operating and monitoring schemes for the maintenance of professional competence applicable to all registered medical practitioners and schemes for the assessment of professional performance in response to specific concerns regarding individual registered medical practitioners.

Part 11 of the Medical Practitioners Act 2007 was commenced on Saturday 1st May 2010 followed in early June by the appointment of Dr Paul Kavanagh as Head of Professional Competence.

Professional Competence-related Committees and Working Groups that met during 2010 were:

Professional Competence Committee (PCC)

The formation of a Professional Competence Committee was agreed by Council at its meeting on 9th December 2010.

Professional Competence Schemes Working Group (PCSWG)

The Professional Competence Schemes Working Group (PCSWG) is responsible for developing Professional Competence Schemes required for the maintenance of professional competence. This Working Group is also involved in resolving policy and procedural matters related to the maintenance of professional competence as delegated to it by the Professional Development Committee (PDC).

Professional Competence Assessment Working Group (PCAWG)

The Professional Competence Assessment Working Group is responsible for providing guidance to Council on the development and implementation of a professional competence scheme for performance assessment.

Professional Competence Steering Committee (PCSC)

The Professional Competence Steering Committee (PCSC) was established by the Medical Council as an external Committee to coordinate the development and implementation of Professional Competence Schemes for medical practitioners. This Committee feeds into the Professional Competence Schemes Working Group and represents a partnership of the key stakeholders, namely medical practitioners, Post Graduate Training Bodies (PGTB), the HSE and other employers, the Department of Health and Children and the Medical Council.

The Committee is chaired by Ms Anne Maher, former CEO of The Pensions Board and met on eight occasions in 2010.

Paul Kavanagh  
Head of Section

Jan Fitzpatrick  
Senior Executive Officer

Sarah Lowther  
Clerical Officer

Fergal McNally  
Senior Executive Officer

Mary Athkinson  
Executive Officer

Anne Jensen  
Clerical Officer



## CORPORATE SERVICES

The Corporate Services Section provides liaison and meeting support to Council. The Section are also responsible for advising on and ensuring compliance with legislative requirements, co-ordinating and managing all aspects of communications and publications, managing the freedom of information function and managing corporate events and public relations for the Council.

The Corporate Services Section, as directed by the Secretary to Council and Head of Corporate Services, provides administrative support to the Medical Council and its meetings. For each Council meeting, documentation is distributed to each of the Council members one week prior to the meeting. The Corporate Services Section also provides administrative support to the Research and Public Affairs Working Group (RPAWG).

### Corporate Services-related Committees and Working Groups that met during 2010:

#### Research & Public Affairs Working Group (RPAWG)

The Research and Public Affairs Working Group is responsible for research and issues that impact on the Medical Council in relation to the changes associated with the Medical Practitioners Act 2007 and the health sector in general.

Lisa Molloy Head of Section	Barbara O'Neill (PA to CEO) Executive Officer	Claire Lahiff Clerical Officer
Ciara McMorrow Senior Executive Officer	Louise Connolly Clerical Officer	





## OPERATIONS AND ICT

The Operations & ICT functions are interlinked in the Medical Council. The main functions are to control the delivery of technology operations and services to various lines of the business and to oversee technology related changes to operational and business processes. Other ICT responsibilities include system conversion, infrastructure upgrades, project management and system maintenance. Operations & ICT work in conjunction with all other sections of the Medical Council. Related activities include inventory control, managing purchases and stock, quality control, storage, logistics and project management. A great deal of the Operations Section's focus is on the management and analysis of internal processes such as document management, customer service and resource utilisation.

Jim McDermott  
Head of Section

Davinia O'Donnell  
Executive Officer

Deirdre Hardiman  
Executive Officer

Frank Creedon  
Executive Officer

Jana Tumova  
Clerical Officer

Maureen Bradley-Vardy  
Clerical Officer

Nicola Hodgkinson  
Clerical Officer

Derek O'Connor  
Service Officer

Rebecca Lonsdale  
Clerical Officer





# HIGHLIGHTS AND KEY ACTIVITIES

**The Medical Council approved its first Statement of Strategy (2010-2013) in July 2010. On foot of this a formal Business Plan covering the period July-December 2010 (Q3 and Q4) was submitted to to the Department of Health and Children. The main areas of activity during 2010 have been aligned to their relevant Strategic Objectives as outlined in the Medical Council’s Statement of Strategy 2010-2013.**

**Strategic Objective 1:**  
Set and monitor standards for medical education, training, conduct and ethics:

**Accreditation**  
In February 2010, the Medical Council undertook a final accreditation visit to the first Graduate Entry Programme in Ireland, run by the Royal College of Surgeons in Ireland. The report of this visit was approved by Council on 15th April 2010 and the recommendation to accredit the RCSI Graduate Entry Programme for three years was approved.

The Council also undertook a number of inspections in 2010. Two revisits to provisionally-approved Graduate Entry Programmes took place; the third (to UCD) had to be unavoidably deferred due to the closure of the UCD campus in bad weather conditions; it has been re-scheduled for late January 2011. A number of relevant training sites (undergraduate, intern and postgraduate) were also inspected. Those inspected in Q4 2010 included sites in Cork, Clonmel, Tralee, Limerick, Tullamore, and Ballinasloe.

Policies and procedures for accreditation of programmes, bodies, specialties and clinical training sites have been produced and will be submitted in consolidated form to Council in January 2011.

Standards have been set to facilitate the review and accreditation of postgraduate programmes and bodies. An information / Q & A session will be arranged for existing / aspirant Postgraduate Training Bodies in January 2011.

Standards have been set to facilitate the review and accreditation of postgraduate programmes and bodies. An information / Q & A session will be arranged for existing / aspirant Postgraduate Training Bodies in January 2011.

The process the Medical Council uses for setting and monitoring standards for basic medical education was bench-marked against the USA Department of Education’s standards. The US National Committee on Foreign Medical Education and Accreditation (NCFMEA) assessed the way in which the Council undertook accreditation responsibilities, and found that Council’s standards and processes are comparable to those used in the United States and internationally. The NCFMEA was complimentary about the quality of Council’s activity in this area.

**Eight Domains of Good Professional Practice**  
Principles and values of good medical practice were categorised into the Eight Domains of Good Professional Practice. This domains/ outcomes/ competencies framework is intended for application across the spectrum of education, with the “bar” for attainment being raised as the student and then the doctor progress through their education and training. The domains were approved by Council on 1st June 2010 and have since been incorporated into the basic medical qualification curriculum by medical schools in Ireland. More information on this document is available on the Council website and is contained within this report in [Appendix H](#).

**Recruitment of Assessors**  
The process of recruitment of assessors formally began in early 2010 to enhance the pool of available expertise thereby assist Council in carrying out its duties in relation to setting and monitoring standards of undergraduate and postgraduate programmes and bodies.

Recruitment of external assessors continued throughout Q3 and Q4, with a new Assessment Sub-Committee consisting of all Council members and all external assessors approved by Council in December 2010. So far the induction has been on a case by case basis but a generic induction programme is being developed.

**Setting and Monitoring Standards for Basic Medical Education**  
The process for setting and monitoring standards for basic medical education was bench-marked against the National Committee on Foreign Medical Education and Accreditation standards (NCFMEA). The Medical Council has received recognition from the NCFMEA (USA) that these standards and processes used to accredit medical schools in Ireland are comparable to those used in the United States. As a result, the Medical Council received approval in June for all basic medical education programmes in all medical schools in Ireland, in line with NCFMEA international standards as well as the World Federation for Medical Education (WFME) standards.

**Intern Training Sub-Committee**  
The Intern Training Sub-Committee, to replace the Intern Working Group, was established on 23rd June 2010. Once established the Sub-Committee commenced the establishment of standards and guidelines which reflect Council’s expectations for this crucial first year of postgraduate training. The Intern Training Networks established by the HSE will undergo a Council accreditation process.

Undergraduate and Postgraduate Standards

Undergraduate standards were refined in 2010. A discussion document on customising the World Federation for Medical Education (WFME) Basic Standards was circulated to the Basic Medical Qualification Working Group (BMQWG) for comment in December and was finalised. It will be presented to Council in January 2011.

A number of standards were published in 2010. The required standards and guidelines for granting Certificate of Experience for interns have been published and have been supplemented by information for final year students who are intending to take up an internship overseas. Postgraduate standards were published and are available on the Council website. These will form the basis of the postgraduate accreditation process.

Ethical Guidelines for medical students published

Ethical standards and behaviour for students were published and these are also on the Medical Council website. A user-friendly leaflet has been produced for students. Students have been identified as a priority in Education & Training communications, and the focus will be on these guidelines as well as on the “usual” Council / student issues of accreditation of medical programmes and registration as an intern.

Recognition of Specialties

A two-stage process for the recognition of new medical specialties was adopted and considerable progress beyond that was made in Q4, with an information / Q & A session for aspirant specialties in October 2010, and a self-assessment questionnaire sent to aspirant specialties for completion.

Review of PRES Exams

A review of the methodology and content of PRES level 2 and 3 took place and has already resulted in improvements in the format of the final PRES exams of 2010; a report has been produced on those exams, with a generic report to follow.

Strategic Objective 2:  
Support doctors in attaining and maintaining their registration

Part 10 Rules

The ‘Part 10 Rules in respect of the duties of Council in relation to medical education and training (section 88)’ and the ‘Part 10 Rules in respect of training bodies and qualifications for the purposes of the Specialist and Trainee Specialist Division (section 89)’ were drafted and submitted for public consultation in March 2010. Following receipt of comments and feedback, the final section 88 and section 89 Rules were finalised and approved by Council at its meeting on 21st July 2010.

Criteria for Specialist Training and Experience for Assessments

The Registration Working Group agreed on draft Criteria for Specialist Training and Experience for Assessments for specialist registration. These criteria will be sent to the Forum of Postgraduate Training Bodies in December for feedback by 14th January 2011. The Working Group will consider the Forum’s feedback at its first meeting in 2011 and expects to recommend draft Criteria to the Standards in Practice Committee early in 2011.

Review of compliance with the MPA 2007

A legal review of the Council’s compliance with the Medical Practitioners Act prompted a review of the Registration Rules. The Registration Working Group considered legal advice concerning the Registration and PRES Rules made in 2009 and decided to recommend the adoption of a revised set of Registration Rules, which only make rules where specifically required to do so by the Act. The remaining issues previously dealt with in the rules are mostly dealt with in the new revised Guide to Registration recommended by the Working Group. The Council approved the draft new rules in July 2010 and a public consultation on these rules was carried out between 3rd August and 14th September 2010. The Working Group considered all of the feedback received following the public consultation, including meeting some key stakeholders. The Working Group made recommendations to the Standards in Practice Committee which, in turn, made recommendations to Council and the new Registration Rules were adopted by Council on 10th December 2010 and are effective as of 1st January 2011.

Guide to Registration

A new Guide to Registration was developed and agreed by the Committee, on the recommendation of the Registration Working Group. A key recruitment agency was requested to provide feedback prior to publication. With the agency’s endorsement, the new Guide was published in late December 2010. The new Guide is a substantial but comprehensive document, which deals with every aspect of registration, from application, to maintaining registration, to withdrawing or being removed from the Register and restoring a doctor’s name to the Register. The Guide also provides information for employers and is available to download from the Council’s website. A questionnaire will be developed as part of the Council’s Communication Strategy in 2011.

The Council makes twice-daily updates from its Register to its website. This is the most current version of the Register available. If a member of the public wishes to obtain a copy of the Register, it can also be produced and provided to them in PDF format, on request. The Register is published in a format which complies with the Act and its section 11 Rules Specifying Particulars to be Contained in the Register.

Publication of Statistical data

The Council intends publishing statistical data regarding the Register of Medical Practitioners at least twice annually. For technical reasons, it was not possible to produce statistical data until November 2010, however, the Council expects that, in future, the data can be produced in January and July each year.



### Research on appropriate relationships - pharmaceutical and medical device companies/ commercial enterprises

A student placement in the latter half of 2010 has enabled the Medical Council to undertake research on appropriate relationships between doctors and pharmaceutical and medical device companies and other commercial enterprises. The Ethics Working Group is expected to reconvene in early 2011 to consider this matter in detail and make recommendations to the Standards in Practice Committee.

### Strategic Objective 3: Set and monitor standards for maintenance of professional competence

#### Commencement of Part 11 of the Medical Practitioners Act 2007

The Minister for Health & Children, Ms Mary Harney T.D., signed an order bringing Part 11 of the Medical Practitioners Act, 2007 – Maintenance of Professional Competence - into effect from Saturday 1st May 2010. Commencement of this legislation places a new statutory duty on registered medical practitioners to maintain their professional competence. By May 2011, all registered medical practitioners will be legally obliged to be enrolled in Professional Competence Schemes. The Council has established governance structures to direct the implementation of a system for regulation of the maintenance of professional competence in line with Part 11 of the Act and Council policy.

A booklet, "Professional Competence - Promoting Quality Assurance" was published and presented to the Minister at the launch of Part 11 in Kingram House on 31st May 2010. This commencement was communicated to all registered medical practitioners in a letter from the CEO.

#### Determination of criteria for the evaluation of Professional Competence Schemes

During March 2010 research was undertaken to identify criteria for the recognition of bodies to operate professional competence schemes. The World Federation for Medical Education's Continuing Professional Development (CPD) of Medical Doctors - WFME Global Standards for Quality Improvements were reviewed and informed the development of professional competence rules later in 2010.

#### Survey on alignment to a postgraduate Training Body

A survey was issued to all doctors on the General and Specialist Divisions of the Register at the end of April 2010. This survey asked doctors to provide information regarding their current and preferred alignment to a Postgraduate Training Body for the purposes of maintenance of professional competence. The results of the survey were useful in planning for the establishment of Professional Competence Schemes.

#### Public Consultation on Draft Rules and Standards were approved by Council and published

Draft rules and associated standards were developed for maintenance of professional competence

in Q3 2010. The rules and associated standards give effect to the Medical Council's policy for the implementation of Part 11 of the MPA 2007- Maintenance of Professional Competence and were approved for publication in draft form by the Medical Council on 19th October 2010. In line with provisions of section 11 of the MPA 2007, interested parties were invited to provide comments. This consultation process was supported with actions arising from the Professional Competence Communication Strategy. All comments received were considered in Q4 2010 and recommendations with respect to making of rules and associated standards for maintenance of professional competence were made to the Medical Council at its meeting on 18th January 2011.

#### Communication strategy developed and approved by Council

To support the effective implementation of Part 11 of the MPA 2007 – Maintenance of Professional Competence, a communication strategy was developed in Q3 2010. The principle objectives of the communication strategy were as follows:

- To encourage all RMPs to enrol in a suitable professional competence scheme by 1st May 2011;
- To encourage the PGTBs to develop and implement effective professional competence schemes by 1st May 2011 which are accessible to all RMPs;
- To secure political and public support for the Medical Council's system for the maintenance of professional competence.

Actions arising from the strategy have been implemented. There were a number of key deliverables for 2010 including, support for the public consultation on draft rules and standards for the maintenance of professional competence and included media engagement, a survey of registrants, and workshops with registrants and patient representatives. Implementation will continue in 2011.

#### Process for recognition of bodies eligible for the operation of a professional competence scheme

The Medical Council invited applications from eligible bodies, approved under Part 10 of the MPA 2007, for recognition for the purpose of assisting Council with its new duties in relation to the maintenance of professional competence. It is planned that bodies approved under Section 94(1) of the MPA 2007 will assist the Council with the establishment and operation of professional competence schemes. The recognition of such bodies will be in accordance with relevant criteria specified in rules made under section 11 of the MPA 2007. An application process, including an application form, was developed in Q3 2010 and the period for receipt of applications ran from 15th November to 17th December 2010. Applications were screened for completeness and acknowledged at the end of Q4 2010. The applications will be reviewed in 2011 and recommendations will be made to the Medical Council with respect to recognition decisions in Q1 2011.

#### Strategy and action plan for the implementation of performance assessment

Part 11 of the MPA 2007 makes provisions for the Medical Council to direct registrants who have been the subject of concerns regarding their performance to a professional competence scheme for assessment. The assessment of registrants in this context is a complex and challenging process. The Professional Competence Assessment Working Group considered the next steps required for establishment of this process in Q3 and Q4 2010 and made a report in Q4 on the establishment of a

model for performance assessment for the Medical Council. This report will be considered by Council in the early part of 2011 and the Business Plan 2011 will describe a number of operational tasks to give effect to this report.

**Strategic Objective 4:**  
Take appropriate action to protect the public where standards are not met by individual practitioners

**Complaints Process**

The complaints process continues to be managed by the Preliminary Proceedings Committee (PPC) with approximately 30 new complaints per month compared to the previous year resulting in a total of 361 complaints received in 2010. The inquiry caseload was also effectively managed by the Fitness to Practise Committee (FTPC). During the course of the year the Fitness to Practise Committee heard 42 inquiries over 85 days. The Committee also held 8 separate call-over meetings to hear preliminary issues arising in respect of the inquiries.

Complaints literature and leaflets for both complainants and doctors about whom complaints are made to the Preliminary Proceedings Committee were published. The Council also produced literature for witnesses who are asked to give evidence at Fitness to Practise Committee inquiries. This literature can be found on the Council’s website.

**Review of Preliminary Proceedings Committee practices and procedures**

A review of the PPC’s practices and procedures was undertaken in Q1 arising from which a PPC members manual was drafted setting out the agreed practices and procedures with regard to legislative requirements.

**Fitness to Practise Committee Call-over meetings**

Nine call-over meetings took place in 2010 at which a list of all complaints referred to the Fitness to Practise Committee were presented by the CEO. Submissions were heard from both sides in relation to the following items:

- Whether the inquiry should be held in public or private or partly public and partly private;
- Applications for the production of or discovery of documents;
- Fixing the date(s) for the hearing of an inquiry;
- Any other matters of an interlocutory nature raised by either party.

**Appointment of Investigator pursuant to section 58**

Pursuant to section 58 of the Medical Practitioners Act 2007, an Investigator was appointed by Council to assist the PPC in obtaining relevant information pertaining to the Committee’s decision-making concerning complaints which are under consideration by the PPC.

**A panel of mediators established under section 62**

A panel of mediators has been established to mediate any matters referred to mediation under section 62 of the Medical Practitioners Act 2007 and where mediation is consented to by both the complainant and the registered medical practitioner, a panel of three members of the Mediators Institute of Ireland and a panel of three members of the Chartered Institute of Arbitrators has been established.

**Litigation**

The Council was involved in three cases during 2010, two in the High Court and one in the Supreme Court.

Further information is available in [Appendix F](#).

**Strategic Objective 5:**  
Engage proactively with the public, the profession and other stakeholders

On 1st April 2010 the Medical Council appointed a PR Consultant to provide advice on the management of all matters relating to public relations and media communications. In Q4 2010, a draft Communications Strategy for 2011 encompassing public, profession and other stakeholders was developed with a view to approval by the Research and Public Affairs Working Group. The Council engaged proactively with the public, profession and other stakeholders in 2010 with the key activities outlined below.

**Public:**

Following the publication of the Medical Council’s ‘Guide to Ethical Conduct and Behaviour for Registered Medical Practitioners’ in late 2009, the Council developed an information leaflet targeted specifically at the public. This leaflet was published and distributed to relevant stakeholders and is also available in the Medical Council’s offices and on the website.

Interviews were secured in the national and medical press including an article in a lifestyle publication to provide information on the role/initiatives of the Medical Council. The Council has also secured a research company to conduct a survey on levels of public awareness and confidence in 2011 to obtain feedback.

**Profession:**

The Council proactively released information to the profession through a number of different communication channels including an e-newsletter, email/postal contact, website videocasts and regular press releases.



The Medical Council issued four e-newsletters in 2010 covering a range of different themes relevant to the profession including introducing the new Registration Rules and the Maintenance of Professional Competence.

The new Medical Council website was utilised in the promotion of the Ethical Guide. A videocast was produced where the Chair of the Ethics Working Group, Dr Deirdre Madden, introduces each section of the Guide and outlines the main points. The videocast was embedded on the website with a link to it on the homepage.

**Stakeholders:**

The Medical Council was proactive in 2010 in communicating with a number of key stakeholder groups. Following the publication of the Ethical Guide, the Council held information sessions with public representatives and hospital advocates to endorse the new Guide and provide clarity on a number of areas to ensure consistency in all communications. A Registration Information Session was held with the Medical Manpower Manager Group

Members of the Executive continued communications with advocacy groups, similar regulators and other organisations on areas of shared interest. Meetings were held with patient advocacy groups to encourage ongoing dialogue. The Medical Council became involved in a group established by the Ombudsman’s Office and attended a number of meetings held with representatives from regulators and other organisations to assist in the development of a guide for members of the public so they will know how to make a complaint/raise a concern about health and social services.

The Medical Council encouraged regular media coverage throughout the year by responding in a timely manner to queries and issuing relevant press releases. Two meetings were also held with opposition spokespeople to encourage continued communication and receive constructive feedback. A list of public speaking opportunities for the CEO/President in 2011 has been established with a view to increasing awareness of the Medical Council and its current programmes/initiatives.

**Strategic Objective 6:**  
**Enable effectiveness through appropriate and efficient internal systems and processes**

A number of documents were developed in Q3 and Q4 2010 and reviewed by the Audit Committee. The Business Plan for Q3 and Q4 of 2010 was developed by the Executive and approved by the Audit Committee at the October 2010 meeting. The Management Accounts were reviewed by the Audit Committee at the October and November 2010 meetings and the budget for 2011 was reviewed by the Audit Committee at the November 2010 meeting..

**Medical Council Audit by Comptroller and Auditor General**

The audit of the 2009 financial statements was completed by the C&AG in Q4 2010 and will be

signed off by the relevant signatories to the Council in January 2011. The Budget for 2011 was prepared in Q4 2010 and was approved by Council at the meeting in November 2010.

**ICT system of Registration for Practitioners**

The NICS System implemented a bespoke Register of Practitioners System. This project delivered an updated bespoke ICT system for Registering Practitioners. The new infrastructure gives more flexibility and functionality to Financial processing, Registration processing and Education and training. The Finance module of the new Registration System NICS was delivered in Q1 2010 and is now fully functional and all Finance staff are proficient in the use of the system following on from the delivery of appropriate training.

**Development of Statement of Strategy 2010-2013**

The appointment of a Consultant (Prospectus) to facilitate the development by the Medical Council of a comprehensive Statement of Strategy for 2010-2013 was completed in Q2. This was followed by an extensive planning process and workshops with Council and Executive to develop the strategic objectives, following which the draft objectives were reviewed and revised prior to finalising the document.

The Statement of Strategy 2010-2013 was forwarded to the Minister for Health and Children, Ms Mary Harney, T.D. for approval in Q3 and the Medical Council formally launched its statement on 4th October 2010.

**Corporate Governance & Council’s Code of Practice**

Approval was obtained in Q1 2010 of the Medical Council corporate governance documents by the Audit Committee and Council in line with good practice and the Code of Practice for the Governance of State Bodies. These documents once agreed and finalised were released on the Medical Council website [www.medicalcouncil.ie](http://www.medicalcouncil.ie).

Council members were required to sign the Code of Conduct and agreed to adhere to all Corporate Governance policies.

**Business Planning**

The Business Plan and Budget for 2011 were prepared in Q4 2010 and new revenue streams were identified in both documents which will provide a focus in 2011 and subsequent years for the diversification of the current revenue base.

**Progressive ICT Systems**

A wireless internet access service was introduced throughout the building creating guest internet access and separate network access. This allows a more flexible working environment for staff members and other stakeholders. Wireless access can now be used by Council members, external suppliers or staff. This removes the need to give network access to external people for a more secure environment.

A new Medical Council website was developed and implemented in Q1 2010 in accordance with Council's new branding and logo. The key objective was to deliver a user friendly experience for our broad audience including the medical profession and the general public. The website is a fresh new innovative portal which is in line with The Medical Council's updated corporate image and directs the visitor to the information required. The website also facilitates the registration process through a secure online registration and payment system.

The Medical Council continues to experience rapid change. Information and communications technologies have a key role to play in enabling best practice. With that in mind, in November 2010 the Medical Council commissioned an independent ICT audit to review key processes and ensure adherence to best practice.

Following on from the audit the Medical Council formatted an ICT strategy in December 2010. The purpose of this strategy is to ensure the ICT systems and polices reduce any risk to the core business functions of the Medical Council. The strategy outlines key processes and procedures of the ICT section and other key sections. It gives clear insight into ICT functions within the Council and is focused on reducing the risk of system failure.

In Q2 2010 a call recording system for quality assurance was implemented. With software installed and setup, this system now records incoming and outgoing calls. Training was held for all users. The purpose of the NICE Call Recording system is to aid the provision of a high quality service and reduce call handling times by using recordings for training purposes. The recordings will also be a reference point when assessing cases of dispute between stakeholders and members of staff which in turn will provide a new level of protection for both parties. The NICE call recordings will be one of the parameters used in the mystery shopping exercise which is scheduled to take place in Q4 2010.

Customer Service Unit

In 2011 the Medical Council will roll out a standalone customer service unit. With this in mind, the Medical Council made a decision to conduct a customer service audit in 2010. The audit comprised of a mystery shopping exercise and a stakeholder customer service evaluation survey ran both in-house and via email through Survey Monkey.

The research was conducted in Q4 2010 and was designed to explore areas such as responsiveness, quality of service, query resolution, quality of information and to deliver a greater depth of understanding regarding perceived strengths and weaknesses of the Medical Council in delivering on our principal functions. This research analysis is currently being conducted and will be followed by benchmarking exercises in the future to assess changes in perceptions.

Development and implementation of a Certificate of Current Professional Status

Certificates of Current Professional Status were introduced in Q2 in line with EU Standards.

Document Management System

In May 2010 the Medical Council held initial discussions with iSoft Business Solutions in relation to the introduction of a document management system (DMS) for all doctor related correspondence. The DMS system was in test from October 2010 and is available for operation on the system. The system will initially roll out in the following areas: Registration, Education and Training and Professional Standards. Agreement on business processes is to be completed prior to roll-out.

Corporate Procurement Plan

In 2010 the Medical Council introduced its Corporate Procurement Plan 2010 – 2012. The plan was drafted in conjunction with the National Public Procurement Policy Unit and Department of Finance. The aim of this plan is to identify a set of key changes which will ensure significant savings throughout the Medical Council.

In accordance with our Corporate Procurement Plan the Medical Council undertook an EU tender process for the provision of legal services. The Expression of Interest notification was posted on the ETenders website on the 20th September 2010. The five companies who qualified to proceed to tender stage were notified in December 2010. The request for tender document and draft contract is due to be dispatched in January 2011.



# FINANCIAL STATEMENTS

## FOR THE YEAR ENDED 31ST DECEMBER 2010

### Comptroller and Auditor General Report for presentation to the Houses of the Oireachtas

#### The Medical Council

I have audited the financial statements of the The Medical Council for the year ended 31 December 2010 under the Medical Practitioners Act 2007. The financial statements, which have been prepared under the accounting policies set out therein, comprise the Accounting Policies, the Income and Expenditure Account, the Statement of Total Recognised Gains and Losses, the Balance Sheet, the Cash Flow Statement and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and Generally Accepted Accounting Practice in Ireland.

#### Responsibilities of the Council

The Council is responsible for the preparation of the financial statements, for ensuring that they give a true and fair view of the state of the Council's affairs and of its income and expenditure, and for ensuring the regularity of transactions.

#### Responsibilities of the Comptroller and Auditor General

My responsibility is to audit the financial statements and report on them 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 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 all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

#### Opinion on the Financial Statements

In my opinion, the financial statements, which have been properly prepared in accordance with Generally Accepted Accounting Practice in Ireland, give a true and fair view of the state of the Council's affairs at 31 December 2010 and of its income and expenditure for the year then ended.

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

#### Matters on Which I am Required to Report by Exception

I report by exception if

- there was any material instance where moneys have not been applied for the purposes intended or where the transactions did not conform to the authorities governing them, or
- the information given in the Council's Annual Report for the year for which the financial statements are prepared is not consistent with the financial statements, or
- I have not received all the information and explanations I required for my audit, or
- the Statement on Internal Financial Control does not reflect the Council's compliance with the Code of Practice for the Governance of State Bodies, or
- I find there are other material matters relating to the manner in which public business has been conducted.

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



**Andrew Harkness**

For and on behalf of the  
Comptroller and Auditor General  
31 March 2011

# 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 29 March 2011 and signed on its behalf by



**Professor Kieran Murphy**  
President



**Ms Caroline Spillane**  
Chief Executive Officer

Dated: 29 March 2011





# PRESIDENT’S STATEMENT ON THE SYSTEMS OF INTERNAL FINANCIAL CONTROL

### Responsibility for systems 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 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 & Children 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;
- Compliance with public procurement policies and directives.
- An Internal Audit function which has been in place since 2005. The Internal Auditors operate in accordance with the Framework Code of Practice for the Governance of State Bodies. The function is overseen by the Audit Committee (previously the Finance & Governance Committee) which was established on 30 October 2008.

### During the year ended 31 December 2010 the following controls were reviewed/ implemented:

- Monthly management accounts with explanation of significant deviations from budget;
- Annual Accounts for 2010 with explanation of significant variances;
- Annual budget plan for 2011;
- Internal audit performed by Mazars Accountants on internal financial controls and ICT including the new Registration System.

The Council conducted a review of the effectiveness of the system of internal financial control for the year ended 31 December 2010.

Signed on behalf of the Medical Council



**Professor Kieran Murphy**  
President  
Dated: 29 March 2011

# CODE OF PRACTICE FOR THE GOVERNANCE OF STATE BODIES

I wish to confirm that the Medical Council is complying with the Code of Practice for the Governance of State Bodies. The Council has adopted an Internal Audit Charter and Terms of Reference for the Audit Committee, which was established in 2008. In accordance with the Code of Practice I wish to confirm that:

- All appropriate procedures for financial reporting, internal audit, procurement and assets’ disposals are being carried out;
- A statement on the system of internal financial control is included with the financial statements in this report;
- Codes of Conduct for Council members and employees have been put in place and adhered to;
- Government policy on the pay of the Chief Executive Officer and all members of the Council is being complied with;
- The Medical Council pays fees to eligible Council members and reimburses travel expenses in accordance with public sector guidelines;
- There are no significant post balance sheet events to report;
- The Guidelines for the Appraisal and Management of Capital Expenditure Proposals are being complied with;
- The Council’s obligations under taxation laws are being complied with.

Signed on behalf of the Medical Council



**Professor Kieran Murphy**  
President  
Dated: 29 March 2011





# ACCOUNTING POLICIES

## FOR THE YEAR ENDED 31 DECEMBER 2010

### Basis of Preparation

The financial statements are prepared in accordance with generally accepted accounting principles under the historical cost convention as modified by the revaluation of land and buildings and comply with financial reporting standards of the Accounting Standards Board, as promulgated by Chartered Accountants Ireland. The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the financial statements.

### Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost or at valuation, less accumulated depreciation. The charge to depreciation is calculated to write off the original cost or valuation of tangible fixed assets, less their estimated residual value, over their expected useful lives as follows:

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

The premises at Lynn House are subject to a policy of revaluation every 5 years with an interim valuation in year 3 per FRS 15 Accounting for Fixed Assets. The premises were valued at an open market basis at 31st December 2009 (Note 5).

It is the policy of the Medical Council to revalue its Artwork fixed assets every 5 years.

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

### Investments

Investments held as fixed assets are stated at their market value. Any surplus or deficiency is accounted for through the statement of total recognised gains and losses and the income and expenditure account respectively. Income from investments together with any related withholding tax is recognised in the income and expenditure account in the year in which it is receivable.

### Foreign currencies

Monetary assets and liabilities denominated in foreign currencies are translated at the rates of exchange ruling at the balance sheet date. Transactions, during the year, which are denominated in foreign currencies are translated at the rates of exchange ruling at the date of the transaction. The resulting exchange differences are dealt with in the income and expenditure account.

### Income

Fees, other than retention fees, are recognised as income in the year in which they are received. Retention fees are charged annually in respect of practitioners who apply to continue on the Council's register. Retention fees and other income are recognised as income in the year to which they relate. Full provision is made for retention fees received relating to periods after the year end.

### Pensions

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

Pension Scheme liabilities are measured on an actuarial basis using the projected unit method.

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

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

Pension liabilities represent the present value of future pension payments earned by staff to date.

The pension reserve represents the funding deficit on the pension scheme obligations.

INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 DECEMBER 2010

	Notes	2010 €	2009 €
Income			
Retention fees		7,339,487	7,014,041
Registration fees	1	1,229,700	2,099,814
Miscellaneous income	1	123,017	302,997
Total income		8,692,204	9,416,852
Expenditure			
Wages and salaries	3	3,046,670	2,941,022
Pension Costs	3/10	1,007,268	1,004,445
Council and meeting expenses		434,425	395,293
Staff recruitment, training and education		140,339	88,567
Rent and rates		937,244	1,179,772
Legal expenses	2	2,869,909	1,926,954
General administration	2	984,714	1,036,219
Consultancy and other professional fees	2	204,300	180,143
Finance charges		36,301	37,540
Audit fees		9,050	11,000
Depreciation		636,804	487,318
Advertising		19,295	89,475
Total Expenditure		(10,326,319)	(9,377,748)
Operating (deficit)/surplus		(1,634,115)	39,104
Interest receivable		79,627	85,520
Investment income		29,193	35,253
(Deficit)/surplus for the year	11	(1,525,295)	159,877

The results for the year refer to continuing operations.  
The Statement of Accounting Policies, Cash Flow Statement and the notes on pages 52-59 form part of the financial statements.

Approved by the Council on 29 March 2011 and signed on its behalf by

  
**Professor Kieran Murphy**  
President

  
**Ms Caroline Spillane**  
Chief Executive Officer

STATEMENT OF TOTAL RECOGNISED

GAINS AND LOSSES

FOR THE YEAR ENDED 31 DECEMBER 2010

	Notes	2010 €	2009 € €
(Deficit)/surplus for the year	11	(1,525,295)	159,877
Actuarial gain/(loss) on pension liabilities	10	833,000	(1,066,000)
Revaluation gain on investments	6	106,760	296,041
Revaluation gain on fixtures & fittings	5	-	-
Revaluation loss on buildings	5	-	(1,000,000)
Total Recognised Gains and Losses for the year		(585,535)	(1,610,082)

Approved by the Council on 29 March 2011 and signed on its behalf by

  
**Professor Kieran Murphy**  
President

  
**Ms Caroline Spillane**  
Chief Executive Officer



BALANCE SHEET

FOR THE YEAR ENDED 31 DECEMBER 2010

	Notes	2010 €	2009 €
Fixed Assets		4,699,795	4,708,792
Tangible assets	5	2,659,701	2,531,996
Financial assets	6	7,359,496	7,240,788
Current Assets			
Debtors	7	1,479,466	1,199,140
Cash at bank and in hand		9,517,941	10,591,599
		10,997,407	11,790,739
Creditors: Amounts falling due within one year	8	(4,640,240)	(4,729,329)
Net Current Assets		6,357,167	7,061,410
Total Assets less Current Liabilities Before Pensions		13,716,663	14,302,198
Pension Liabilities	10	(11,200,000)	(11,200,000)
Net Assets		2,516,663	3,102,198
Capital and Reserves			
Revaluation reserve	11	902,068	795,308
Accumulated surplus	11	12,814,595	12,301,890
Pension reserve	11	(11,200,000)	(9,995,000)
Total		2,516,663	3,102,198

The Statement of Accounting Policies, Cash Flow Statement and the notes on pages 52-59 form part of the financial statements.

Approved by the Council on 29 March 2011 and signed on its behalf by

  
**Professor Kieran Murphy**  
President

  
**Ms Caroline Spillane**  
Chief Executive Officer

CASH FLOW STATEMENT

FOR THE YEAR ENDED 31 DECEMBER 2010

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

	Notes	2010 €	2009 €
(Deficit)/surplus for the year	11	(1,525,295)	159,877
	10		
Difference between pension paid and pension charge	6		
Interest received	5	833,000	634,000
Depreciation	5	(79,627)	(85,520)
Increase in debtors		636,804	487,318
Decrease in creditors		(280,325)	(200,558)
Diminution in investments		(89,090)	(296,937)
Investment income		-	-
Management fee		(29,193)	(35,253)
		27,224	24,914
Net cash outflow from operating activities		(506,502)	687,841
		2010 €	2009 €
Net cash outflow from operating activities		(506,502)	687,841
Return on investments			
Interest received		60,651	68,599
Capital expenditure		(627,807)	(2,780,289)
Decrease in cash		(1,073,658)	(2,023,849)
Net funds at beginning of year		10,591,599	12,615,448
Net funds as at 31st December 2010		9,517,941	10,591,599
Analysis of change in net funds			
At beginning of year		10,591,599	12,615,448
Cash flows		(1,073,658)	(2,023,849)
Net funds as at 31 December 2010		9,517,941	10,591,599

Approved by the Council on 29 March 2011 and signed on its behalf by

  
**Professor Kieran Murphy**  
President

  
**Ms Caroline Spillane**  
Chief Executive Officer

# NOTES TO THE FINANCIAL STATEMENTS

## FOR THE YEAR ENDED 31 DECEMBER 2010

<b>1. INCOME</b>	<b>2010</b>	<b>2009</b>
Income items are made up as follows:	€	€
Registration fees		
Internship	136,972	130,553
Full registration	21,137	381,055
Full registration pursuant to s.27(2)(d)	-	32,523
Document examination fees pursuant to s.27(2)(d)	-	10,965
Temporary document examination fees	28,925	29,495
Temporary registration	845,009	1,027,548
E.U. full registration	-	18,600
Restoration to G.R.M.P	1,895	32,272
Reciprocal registration	-	97,911
Specialist registration fees	195,762	338,892
	<u>1,229,700</u>	<u>2,099,814</u>
Miscellaneous income	21,788	200,795
Service fees	-	1,950
Additional qualifications	91,085	94,474
Certificate of entry/ good standing	9,430	5,048
Legal costs recovered	714	730
Sale of register and supplement	<u>123,017</u>	<u>302,997</u>
<b>2. EXPENDITURE</b>	<b>2010</b>	<b>2009</b>
	€	€
Expenditure items are made up as follows:		
Legal Expenses	210,113	235,916
Legal and professional	2,543,397	1,655,294
Part V (a) inquiries	116,399	33,006
Part V (b) High Court & Supreme Court proceedings	-	2,738
Public notices	<u>2,869,909</u>	<u>1,926,954</u>

	<b>2010</b>	<b>2009</b>
	€	€
General Administration		
Insurance	96,417	88,706
Light and heat	95,141	88,042
Repairs and maintenance	82,172	46,579
Equipment maintenance	9,784	30,304
Printing, postage and stationery	237,567	301,102
File administration and storage	43,693	37,295
Telephone and modem charges	46,590	58,901
Computer costs	176,933	202,426
Caretaking and cleaning	41,495	57,514
Security	109,626	79,579
General expenses	45,296	45,771
	<u>984,714</u>	<u>1,036,219</u>
Consultancy and other professional fees		
Business consultancy	83,458	17,279
Consultancy fees	120,842	162,864
	<u>204,300</u>	<u>180,143</u>
<b>3. EMPLOYEES AND REMUNERATION</b>		
Number of employees		
The average number of persons employed during the year was 49 (2008: 48)		
The staff costs are comprised of:	<b>2010</b>	<b>2009</b>
	€	€
Wages and salaries	2,862,362	2,738,570
Social welfare costs	184,308	202,452
Pension costs	1,007,268	1,004,445
	<u>4,053,938</u>	<u>3,945,467</u>



CONT.

# NOTES TO THE FINANCIAL STATEMENTS

## FOR THE YEAR ENDED 31 DECEMBER 2010

**3.1** Ms Caroline Spillane was appointed Chief Executive Officer of the Medical Council and commenced employment on 25 September 2010. Ms Spillane received a salary of €36,488 in 2010 covering the period from commencement of employment to 31 December 2010. The pension entitlements of the Chief Executive Officer do not extend beyond the pension entitlements in the public sector defined benefit superannuation scheme.

**3.2** The salary of the Acting Chief Executive Officer, Mr Marcus Balfe for the period of January to September 2010 was €73,062.

**3.3** An amount of €136,354 was deducted from staff in 2010 by way of State pension levy and was paid over to the Department of Health and Children.

**3.4** Wages and salaries include an amount of €60,437 paid to staff by way of a bonus payment in 2010.

An amount of €43,875 was paid in fees to five eligible Council members in 2010 as follows:-

• Dr Richard Brennan	€ 8,775
• Ms Katherine Bulbulia	€ 8,775
• Ms Margaret Murphy	€ 8,775
• Mr Frank McManus	€ 8,775
• Dr Daniel O’Hare	€ 8,775

Also €16,512 was paid to Council members in relation to reimbursable travel and subsistence expenses.

**3.5** An amount of €70,771 was paid in relation to the reimbursement to Beaumont Hospital for locum hire to cover the time spent on Council business by the Council President, Professor Kieran Murphy.

**4. TAXATION**

Section 32 of the Finance Act 1994 provides exemption from taxation on investment income of The Medical Council. The Medical Council is, however, not entitled to a repayment of D.I.R.T. where this has been deducted from deposit interest. The Medical Council is a Non Commercial State Sponsored Body within the meaning of Section 227 Taxes Consolidation Act and Schedule 4 of that Act. The Medical Council does not charge VAT on its fees and it does not reclaim VAT on its purchases.

5. TANGIBLE FIXED ASSETS	Buildings	Office Equipment	Fixtures and fittings	Computer Equipment	Total
	€	€	€	€	€
Cost or Valuation					
As at 1 January 2010	3,722,210	285,880	1,395,222	1,690,018	7,093,330
Additions	86,384	11,031	46,872	483,520	627,807
Revaluation	-	-	-	-	-
At 31 December 2010	3,808,594	296,911	1,442,094	2,173,538	7,721,137
Depreciation					
	362,944	259,938	464,307	1,297,349	2,384,538
As at 1 January 2010					
Charge for the year	76,172	7,395	180,262	372,975	636,804
Revaluation	-	-	-	-	-
At 31 December 2010	439,116	267,333	644,569	1,670,324	3,021,342
Net book value					
At 31 December 2010	3,369,478	29,578	797,525	503,214	4,699,795
At 31 December 2009	3,359,266	25,942	930,915	392,669	4,708,792

A valuation was carried out by HT Meagher O’Reilly at 31December 2009 and this resulted in the Lynn House property being revalued in the books of the Council from €3m to €2m. The property was valued on an open market basis. The historical cost of the property is €1,650,298. The Council are aware of the current developments in the property market and are keeping the matter under review. The Medical Council has signed a five year lease agreement for its new premises Kingram House at an annual rent of €820,000. There is also an option to purchase the shareholding of Tanat Limited (incorporating Kingram House) for a fixed price. This option expires on 31 March 2011. If the Medical Council does not exercise this option then a long term lease of twenty years will be signed.

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

CONT.

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2010

6. FINANCIAL FIXED ASSETS	2010	2009
	€	€
Listed Investments		
Cost		
At 1st January	2,531,996	2,208,695
Increase in value of investment	106,761	296,041
Investment income	29,193	35,253
Management fee	(27,224)	(24,915)
Interest income	18,975	16,922
At 31st December	2,659,701	2,531,996
	2010	2009
	€	€
7. DEBTORS		
Prepayments and other debtors	1,479,466	1,199,140
8. CREDITORS	2010	2009
Amounts falling due within one year	€	€
Trade creditors and accruals	564,560	1,144,065
PRSA accrual	(146)	(35)
Retention fees (Note 9)	3,881,194	3,458,293
Provision for legal costs	194,632	127,006
	4,640,240	4,729,329
Movement in legal provision:-		
Legal provision at 1 January 2010	127,006	
Utilised in 2010	-	
Provided for in 2010	67,626	
	194,632	
9. RETENTION FEES		
This related to fees received in respect of periods after the year end.		

10. PENSION COSTS	2010	2009
	€	€
a Analysis of total pension costs charged to Expenditure		
Current service costs	500,000	600,000
Interest on Pension Scheme Liabilities	620,000	520,000
Employee contributions	(112,732)	(115,555)
	1,007,268	1,004,445
b Movement in net Pension Liability during the financial year	2010	2009
	€	€
Net Pension Liability at 1January	11,200,000	9,500,000
Current Service Cost	500,000	600,000
Interest Costs	620,000	520,000
Actuarial (gain)/loss	(833,000)	1,066,000
Pensions paid in the year	(287,000)	(486,000)
	11,200,000	11,200,000
c History of defined benefit obligations	2010	2009
	€	€
Defined benefit obligations	11,200,000	11,200,000
Experience gains on scheme liabilities	129,000	50,000
Amount	(7%)	(0.4%)
Percentage of Scheme Liabilities		
The cumulative actuarial loss recognised in the Statement of Total Recognised Gains and Losses amounts to €129,000.		



CONT.

# NOTES TO THE FINANCIAL STATEMENTS

## FOR THE YEAR ENDED 31 DECEMBER 2010

d General Description of the Scheme

The pension schemes are defined benefit final salary pension arrangements with benefits and contributions defined by reference to current “model” public sector scheme regulations. The scheme provides a pension (1/80th per year of service), a gratuity or lump sum (three eightieths per year of service) and spouse’s and children’s pensions. Average retirement age is a member’s 62nd birthday. Pre 1 April 2004 the minimum pension age is 60 and the maximum retirement age is 65. For new scheme entrants that have been appointed to public sector employment on or after 1 April 2004, the minimum pension age is 65 and there is no fixed retirement age. Pensions in payment (and the deferment) normally increase in line with general public sector salary inflation

The valuation used for FRS17 (Revised) disclosures has been based on a full actuarial valuation at 31st December 2010 by a qualified independent actuary taking account of the requirements of the FRS in order to assess the scheme liabilities at 31December 2010.

<i>The principal actuarial assumptions were as follows:</i>	<b>2010</b>	2009
Rate of increase in salaries	<b>4.0%</b>	4.0%
Rate of increase in pensions in payment	<b>4.0%</b>	4.0%
Discount Rate	<b>5.5%</b>	5.5%
Inflation Rate	<b>2.0%</b>	2.0%

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

11. RESERVES

	Pension reserve	Revaluation reserve	Accumulated surplus	Total
	€	€	€	€
1January 2010	<b>(9,995,000)</b>	<b>795,308</b>	<b>12,301,890</b>	<b>3,102,198</b>
Revaluation of investments	-	<b>106,760</b>	-	<b>106,760</b>
Revaluation of Property	-	-	-	-
Deficit for the year	-	-	<b>(1,525,295)</b>	<b>(1,525,295)</b>
Pension Actuarial gain for the year	<b>833,000</b>	-	-	<b>833,000</b>
Pension reserve adjustment	<b>(2,038,000)</b>	-	<b>2,038,000</b>	-
At 31December 2010	<b><u>(11,200,000)</u></b>	<b><u>902,068</u></b>	<b><u>12,814,595</u></b>	<b><u>2,516,663</u></b>

An adjustment has been made to bring the pension reserve in line with the pension liability. The adjustment consists of the cumulative pension costs and funding of pensioners’ pay since the adoption of FRS 17. As the adjustment does not affect prior year results no restatement of figures is necessary.

12a CAPITAL COMMITMENTS

2010

€

Details of capital commitments at the accounting date are:

Building fit out costs

At 31December 2010

-

-

12b OPERATING LEASE COMMITMENTS

As disclosed in Note 5, The Medical Council has signed a five year lease agreement for its new premises, Kingram House, at an annual rent of €820,000. There is also an option to purchase the shareholding of Tanat Limited (incorporating Kingram House) for a fixed price. This option expires on 31March 2011. If the Council does not exercise its option then the owners of Tanat Limited have a call option whereby the Council may be obligated to enter into a long term lease of twenty years at an annual rent of €820,000.

13 CONTINGENT LIABILITIES

A number of High Court proceedings have been taken against The Medical Council. The Council is vigorously defending the proceedings and is satisfied that they will not be successful and have not provided for any liability arising thereon. Council’s costs in relation to defending the proceedings have been provided for in note 8.

14 APPROVAL OF FINANCIAL STATEMENTS

The financial statements were approved by the Council on 29 March 2011.



---

## APPENDICES

---

APPENDIX A	Council Attendance 2010
APPENDIX B	Committee Membership
APPENDIX C	Working Group/ Sub-Committee Membership
APPENDIX D	Registration Statistics
APPENDIX E	Professional Standards Statistics
APPENDIX F	High Court/ Supreme Court judgements
APPENDIX G	Corporate Services Statistics
APPENDIX H	Eight Domains of Good Professional Practice
APPENDIX I	Review of Energy Usage in 2010

---



APPENDIX A  
COUNCIL ATTENDANCE 2010

MEMBER	JAN 19 <sup>th</sup>	MAR 3 <sup>rd</sup>	APR 15 <sup>th</sup>	JUN 1 <sup>th</sup>	JUL 21 <sup>st</sup>	SEP 8 <sup>th</sup> +9 <sup>th</sup>	OCT 19 <sup>th</sup>	DEC 9 <sup>th</sup> +10 <sup>th</sup>	TOTAL MEETINGS (8)
Mr Jon Billings		•	•	•			•	•	5
Dr Richard Brennan	•	•	•		•	•	•	•	7
Mr Brendan Broderick		•	•	•	•	•	•	•	7
Ms Katharine Bulbulia	•	•	•	•	•	•	•	•	8
Professor Gerard Bury	•	•	•	•	•	•	•	•	8
Mrs Anne Carrigy	•	•	•		•	•	•	•	7
Dr Anna Clarke	•	•	•	•		•	•	•	7
Dr Regina Connolly	•	•		•	•	•	•		6
Ms Mary Culliton	•	•	•	•	•	•	•		7
Professor Anthony Cunningham	•	•	•	•	•		•	•	7
Professor Paul Finucane	•		•	•	•	•	•	•	7
Dr Pauline Kane		•	•		•		•	•	4
Dr Deirdre Madden	•	•	•	•	•	•	•	•	7
Professor Damien McLoughlin			•	•		•	•	•	5
Mr Frank McManus	•	•	•	•	•	•	•	•	8
Dr John Monaghan	•		•	•	•	•	•	•	7
Ms Marie Murray		•	•	•	•	•	•	•	7
Professor Kieran Murphy	•	•	•	•	•	•	•	•	8
Ms Margaret Murphy	•	•		•	•	•	•	•	7
Professor Diarmuid O’Donoghue	•	•	•	•		•	•		6
Dr Daniel O’Hare	•		•	•	•	•	•	•	7
Dr David O’Keeffe	•	•	•	•	•	•	•		7
Dr John O’Mullane	•		•		•	•	•		5
Professor William Powderly		•	•	•	•	•	•	•	7
Professor James Slevin	•	•	•	•	•	•		•	7

APPENDIX B  
COMMITTEE MEMBERSHIP AND NUMBER OF MEETINGS HELD IN 2010

Audit Committee

(Four meetings held in 2010)

Professor Damien McLoughlin (Chair)  
Professor William Powderly  
Mr Frank McManus  
Mr Stephen McGovern (external)  
Dr Terry McWade (external)

Fitness to Practice Committee

(Forty three meetings in 2010)

Professor James Slevin (Chair)  
Mr Jon Billings  
Dr Richard Brennan  
Mr Brendan Broderick  
Professor Gerard Bury  
Dr Regina Connolly  
Ms Mary Culliton  
Professor Anthony Cunningham  
Professor Paul Finucane  
Dr Pauline Kane  
Dr Deirdre Madden  
Professor Damien McLoughlin  
Dr John Monaghan  
Ms Marie Murray  
Dr Daniel O’ Hare  
Dr John O’ Mullane  
Professor William Powderly  
Ms Catherine Earley (External)  
Ms Geraldine Luddy (External)  
Dr Nuala Healy (External)  
Dr Brendan Healy (External)  
Mr Paul Murphy (External)  
Mr TC Ewing (External)  
Mr Gerard Magee (External)  
Mr Stephen Kealy (External)  
Mr Rober Burke (External)  
Ms Mary Buckley (External)  
Mr John Kincaid (External)  
Dr Mary Henry (External)  
Dr Peter Keogh (External)  
Dr Geraldine Corrigan (External)  
Dr Abdul Bulbulia (External)  
Ms Annette Durkan (External)  
Ms Grace Barry (External)

Ms Winifred Jeffers (External)  
Ms Joan Tattan-Dennis (External)  
Ms Meg Murphy (External)  
Ms Noreen Byrne (External)  
Mr Peter Mooney (External)  
Dr Tim O’ Neill (External)  
Mr Denis Doherty (External)  
Ms Catherine Rawluk (External)  
Professor David Morgan (External)

Professional Development  
Committee (Seven meetings  
in 2010)  
Professor William Powderly (Chair)  
Professor Kieran Murphy  
(President)  
Dr Anna Clarke (Vice President)  
Mr Jon Billings  
Ms Katharine Bulbulia  
Professor Gerard Bury  
Professor Anthony Cunningham  
Professor Paul Finucane (resigned  
November 2010)  
Dr Pauline Kane  
Mr Frank McManus  
Ms Marie Murray  
Professor Diarmuid O’Donoghue  
Dr John O’Mullane

Preliminary Proceedings  
Committee (Eight meetings  
in 2010)

Mr Frank McManus (Chair)  
Ms KatharineBulbulia  
Mrs Anne Carrigy  
Ms Margaret Murphy  
Professor Diarmuid O’Donoghue  
Dr David O’Keefe  
Dr John Casey (External)  
Dr Angela McNamara (External)  
Dr Tony Carney (External)  
Dr Philip Murphy (External)  
Professor Frank Keane (External)

Ms Mary Gamble (External)  
Ms Margo Topham\* (External)  
Prof William Kirwan\*\* (External)

*\*Resigned in July 2010  
\*\*Joined the PPC in April 2010 &  
resigned in July 2010 attending  
two meetings*

Standards in Practice Committee  
(Eight meetings in 2010)

Dr Deirdre Madden - Chairman  
Professor Kieran C Murphy  
(President)  
Dr Anna Clarke (Vice President)  
Professor Gerard Bury  
Dr Richard Brennan  
Dr Regina Connolly  
Ms Mary Culliton  
Professor Anthony Cunningham  
Dr Pauline Kane  
Dr John Monaghan  
Dr Ciaran Craven

# APPENDIX C

## WORKING GROUP/SUB-COMMITTEE MEMBERSHIP AND NUMBER OF MEETINGS HELD IN 2010

**Basic Medical Qualification Working Group** (Two meetings held in 2010)  
Professor Anthony Cunningham (Chair)  
Dr John O’ Mullane  
Professor Gerry Bury  
Ms Marie Murray

**Professional Competence Schemes Working Group** (Nine meetings in 2010)  
Professor Paul Finucane (Chair)  
Ms Katharine Bulbulia  
Professor Anthony Cunningham  
Dr Ian Callanan (External)  
Ms Anne Maher (External)  
Ms Niamh Macey (External)  
Dr Jack Hollingsworth (External) \*  
Mr. Christopher Pidgeon (External)\*  
Dr Ellen O’Sullivan (External) \*  
*\*These members moved to the Professional Competence Assessment Working Group in May 2010*

**Professional Competence Assessment Working Group** (Five meetings in 2010)  
Professor Anthony Cunningham (Chair)  
Dr Ellen O Sullivan  
Dr Jack Hollingsworth  
Dr Irene Sweeney  
Mr Christopher Pidgeon  
Professor James Lucey  
Ms Sheila Early  
Prof Conor O’Keane  
Dr Ailis Ni Riain  
Ms Katharine Bulbulia  
Ms Margaret Murphy

Ms Anne Maher  
Dr Valerie Donnelly  
Professor Paul Finucane

**Registration Working Group** (Seven meetings in 2010)  
Dr Anna Clarke (Chair)  
Dr Daniel O’Hare\*  
Professor W Arthur Tanner (External)  
Dr John Loughrey (External)  
Dr. Ciara McMeel (External)  
Dr Anthony McCarthy (External)  
Dr Fenton Howell (External)  
Dr Bernard Silke (External)  
Mr Peter Daly (External)  
Ms Úna O’Rourke (Executive)

*\*Joined in July 2010*  
*\*\*Attends when Dr Silke is unavailable*

**Health Sub-Committee** (Five meetings in 2010)  
Dr Richard Brennan (Chair)  
Dr Tim Lynch (External)  
Ms Mary Duff (External)  
Ms Veronica Larkin (External)  
Dr Abdul Bulbulia (External)  
Dr Ann Jackson (External)  
Dr Claire McNicholas (External)  
Dr John O’Connor (External)  
Dr John Sheehan\* (External)  
Dr Siobhan Rooney (External)  
Dr John Latham (External)  
Dr Peter Staunton (External)

*\*resigned in October 2010*

**Ethics Working Group** (Two meetings in 2010)  
Dr Deirdre Madden (Chair)  
Dr John Monaghan  
Dr David O’ Keffe  
Professor William Powderly  
Dr Shaun O’ Keefe (External)  
Professor Colin Bradley (External)  
Ms Geraldine Clare (External)  
Dr Orla O’ Donovan (External)  
Mr Eoghan Hanly (External)  
Dr Danny O’ Hare (External)  
Ms Ann Hayes (External)

**Monitoring Group** (Five meetings in 2010)  
Ms. Mary Culliton (Chair)  
Mr. Brendan Broderick  
Ms. Cora McGaughan (External)  
Dr. Eamonn Breatnach (External)  
Dr. Declan Woods (External)

**Nominations Sub-Committee** (Twenty meetings in 2010)  
Professor Kieran C Murphy (Chair)  
Ms Margaret Murphy  
Professor William Powderly  
Dr Deirdre Madden  
Dr Anna Clarke  
Professor Anthony Cunningham  
Professor James Slevin  
Mr Brendan Broderick  
Ms Mary Culliton  
Dr Pauline Kane  
Dr Danny O’ Hare

**Clinical Training Sites Working Group** (No meetings in 2010)  
Mr Jon Billings (Chair)  
Ms Mary Culliton  
Ms Margaret Murphy  
Mr Nicky Jermyn (External)  
Mr Jacqui Barry O’Crowley (External)  
Ms Ann Pardy (External)  
Ms Anne Marie Ryan (External)  
Dr Bernard Silke (External)  
Dr Ian Surgeon (External)  
Ms Karen Willis (Executive)

**Intern Training Sub-Committee** (Five meetings in 2010)  
Professor Diarmuid O’Donoghue (Chair)  
Professor Bill Powderly  
Professor Gerry Bury  
Ms Katharine Bulbulia  
Ms Ciara Mellett  
Mr Stephen McMahon  
Dr Matthew Sadlier  
Dr Eilis McGovern  
Professor T J McKenna  
Dr Siobhan McHale  
Dr Chris Fitzpatrick  
Professor Frank Murray  
Professor Frank Keane  
Dr Dermot Power  
Professor Shaun McCann  
Dr Dara Moneley  
Professor Cillian Twomey  
Dr Michael O’Dowd  
Professor Michael Kerin  
Professor Fidelma Dunne

**Postgraduate Medical Education & Training Working Group** (One meetings in 2010)  
Professor Gerry Bury (Chair)  
Professor William Powderly  
Mr Frank McManus  
Dr Eamann Breathnach  
Ms Anne Carrigy  
Professor Diarmuid O’ Donoghue  
Ms Margaret Murphy  
Professor Oscar Traynor  
Professor Frank Murray  
Dr Trevor Duffy  
Dr Matthew Sadlier  
Professor Cathal Kelly

**Research & Public Affairs Working Group** (Five meetings in 2010)  
Professor Kieran Murphy (Chair)  
Ms Caroline Spillane (Executive)  
Ms Katharine Bulbulia  
Dr Richard Brennan  
Dr Regina Connolly  
Professor Damien McLoughlin  
Ms Lisa Molloy (Executive)  
Ms Paula Eager (External)

**Corporate Governance Working Group** (No meetings in 2010)  
Professor Jim Slevin (Chair)  
Mr Jon Billings  
Ms Anne Carrigy  
Dr Anna Clarke  
Professor Damien McLoughlin  
Professor Kieran Murphy  
Dr Daniel O’Hare  
Mr Marcus Balfe (Executive)  
Dr Anne Keane (Executive)

**Remuneration Working Group** (No meetings in 2010)  
Ms Anne Carrigy (Chair)  
Professor Damien McLoughlin  
Professor Diarmuid O’Donoghue  
Professor William Powderly  
Mr Marcus Balfe (Executive)

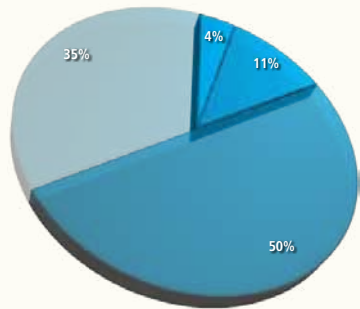
# APPENDIX D

## REGISTRATION STATISTICS

### Breakdown of Register by Division

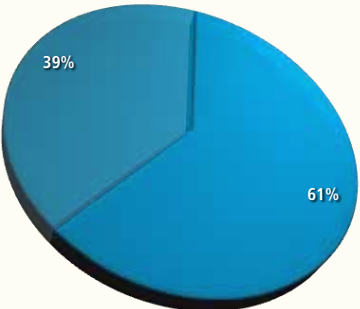
Register of Medical Practitioners  
as at 31st December 2010

Interns	752	
Trainee Specialist	2139	
General	9345	
Specialist	6534	
<b>Total</b>	<b>18770</b>	



### Breakdown of Register by Gender

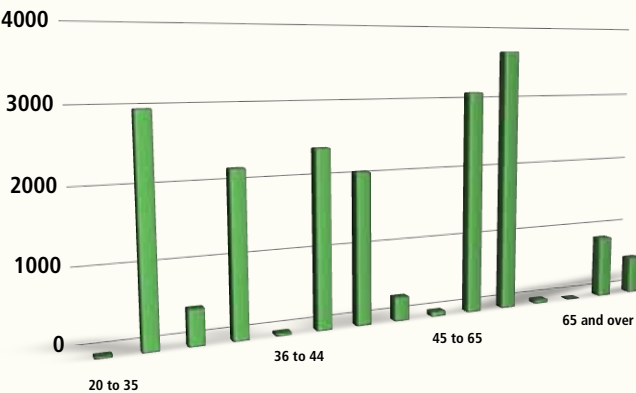
Male	11479	
Female	7291	



### Age Range Division

20 to 35	VEEA	18
	General Division	2959
	Specialist Division	473
	Trainee Specialist Division	2195
36 to 44	VEEA	26
	General Division	2403
	Specialist Division	2066
	Trainee Specialist Division	323
45 to 65	VEEA	57
	General Division	3082
	Specialist Division	3642
	Trainee Specialist Division	45
65 and Over	VEEA	3
	General Division	873
	Specialist Division	524
	Trainee Specialist Division	1
		18690

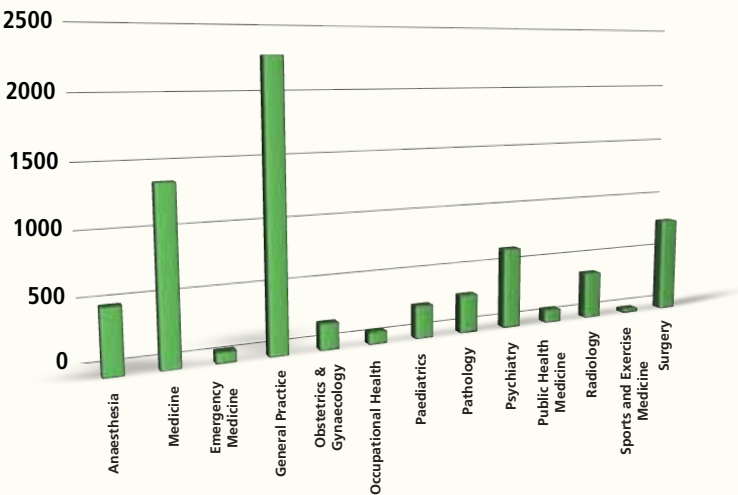
Series 1



### Specialties Breakdown

#### By Specialties

Anaesthesia	508
Medicine	1370
Emergency Medicine	85
General Practice	2270
Obstetrics & Gynaecology	209
Occupational Health	94
Paediatrics	264
Pathology	311
Psychiatry	665
Public Health Medicine	103
Radiology	387
Sports and Exercise Medicine	27
Surgery	795



# APPENDIX E

## PROFESSIONAL STANDARDS STATISTICS

### Complaints Considered by the Preliminary Proceedings Committee in 2010

#### Categories of Complaint

A	Alcohol / Drug Abuse / Irresponsible Prescribing
B	Deputising Arrangements
C	Treatment
D	Professional Standards
E	Responsibility to Colleagues
F	Failure to Attend
G	Failure to Communicate / Rudeness
H	Failure to Supply Medical Records / Reports
I	Certification
J	Other Complaints Considered
K	Advertising
L	Convictions
M	Physical / Mental Disability
P	Complaints Unspecified / RMP Unidentified



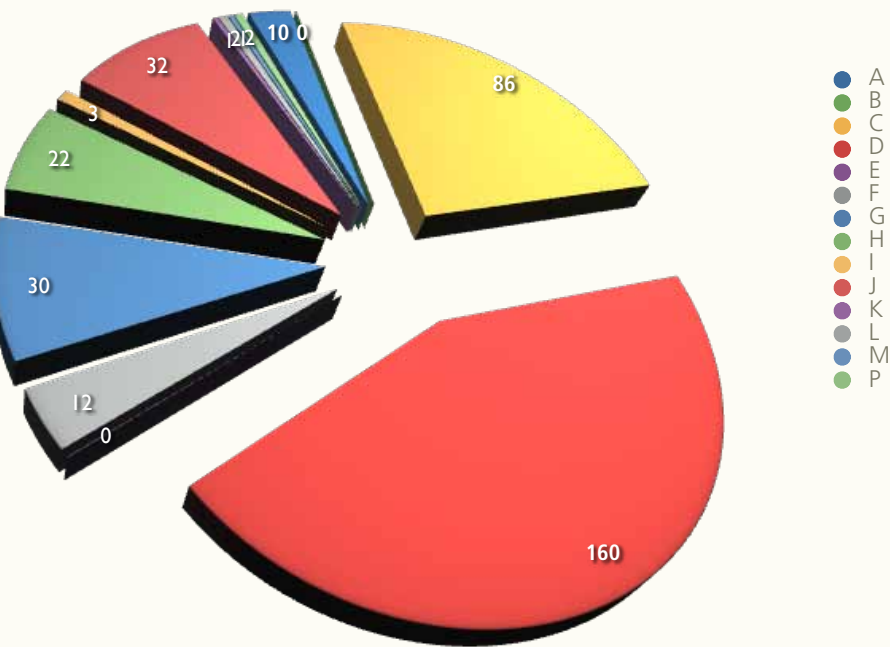
CONT.

# APPENDIX E

## PROFESSIONAL STANDARDS STATISTICS

### Complaints considered by the Preliminary Proceedings Committee in 2010

Category	Complaints received in 2010	Total number decisions made in 2010*	Of which 2010 complaints	2010 complaints carried over to 2011	PF case (inquiry) decisions in 2010	No PF case decisions in 2010
A	10	9	5	5	4	5
B	0	0	0	0	0	0
C	86	84	44	42	13	71
D	160	120	77	83	29	91
E	0	1	0	0	1	0
F	12	17	10	2	1	16
G	30	32	19	11	1	31
H	22	21	14	8	1	20
I	3	2	1	2	0	2
J	32	22	14	18	0	22
K	1	2	1	0	0	2
L	2	1	0	2	0	1
M	1	2	1	0	2	0
P	2	5	2	0	2	3
TOTAL	361	318	188	173	54	264



### Complaints considered in 2008, 2009 and 2010

Comparison of Decisions Made – 2008, 2009 and 2010

DECISION	NUMBER			PERCENTAGE %		
	2008	2009	2010	2008	2009	2010
Prima facie decision (Inquiry called)	29	31	54	9%	13%	17%
No prima facie decision (no case)	294	207	264	91%	87%	83%

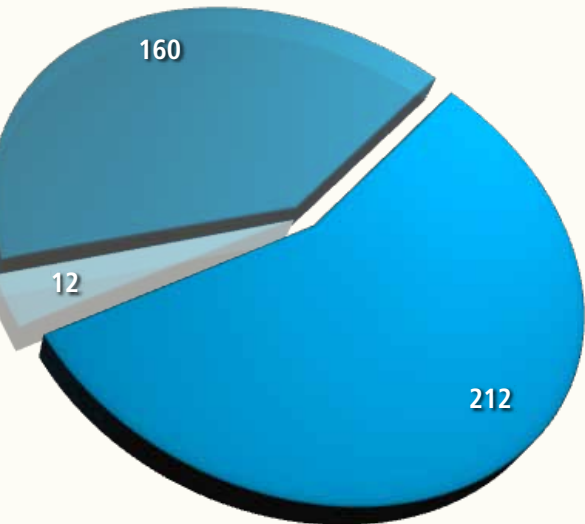
**Average length of time from receipt of complaint to PPC decision in 2010:**  
**16.35 weeks** (calculated from a random sample of approximately 28% of the decisions which were made in 2010)

### Categories of Doctors

#### COMPLAINTS AGAINST DOCTORS\*

CATEGORY OF DOCTOR	Number	Percentage
General Division	160	41.66%
Specialist Division	212	55.21%
Trainee Specialist Division	12	3.13%
Total No. of Dr.s complained in 2010	384	100%

Of the complaints made in 2010, 23 doctors had more than one complaint made against them



CONT.

# APPENDIX E

## PROFESSIONAL STANDARDS STATISTICS

### Ratio of complaints received in 2010 to number of doctors on Register

Doctors Registered 1st January 2011	18,828
No. of Drs the subject of a complaint in 2010	384
Likelihood of having a complaint made against an RMP	1:49.03

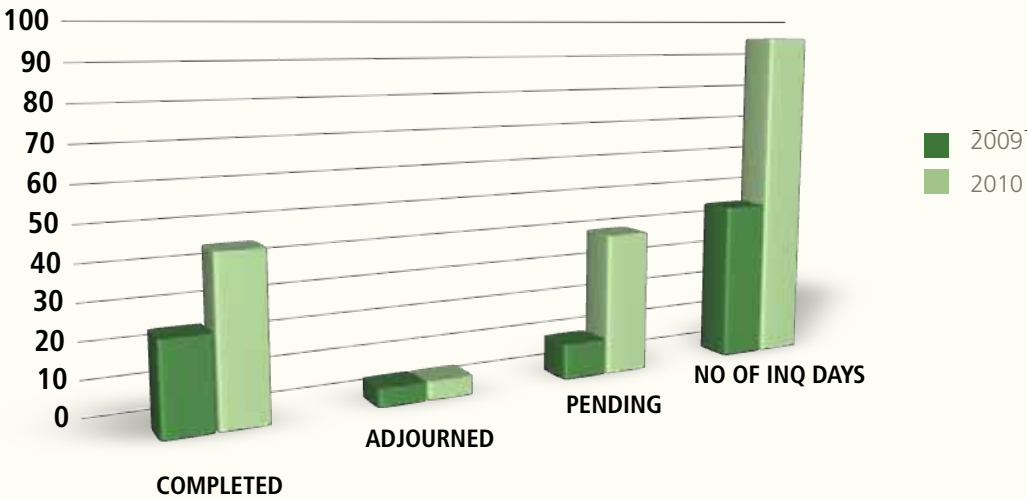
(i.e. on average, one in every 49 doctors on the Register was the subject of a complaint)

### Inquiries held in 2010

	1978 Act	2007 Act	TOTAL
Completed	2	41	43
Adjourned	1	2	3
Pending (as at 31/12/10)	1	32	33
No. of Inquiry Days	2	92*	94

\* includes 8 days FTPC Callover meetings

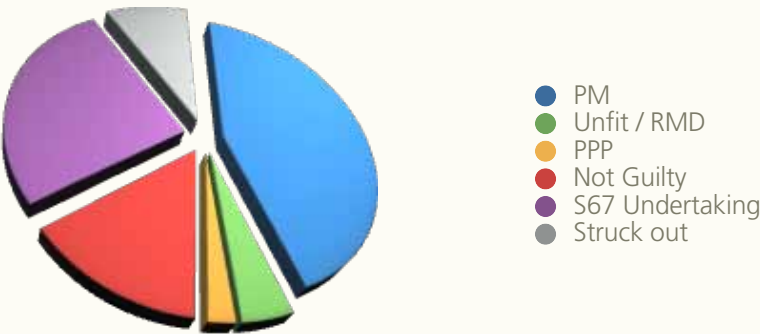
### Comparison of inquiries between 2009 & 2010



### Outcomes of Inquiries in 2010

	1978 Act	2007 Act	TOTAL
Guilty of Professional Misconduct	1	18	19
Unfit to engage in practice of medicine / Guilty relevant medical disability (RMD)	0	2 (RMD)	2
Poor professional performance	N/A	4	4
Not Guilty / Fit to engage in practice of medicine / no case	1	5	6
No finding but sanction imposed pursuant to s. 47 and s. 48	0	N/A	0
Undertaking pursuant to S67	N/A	11	11
Struck out	N/A	4	4

### Comparison of inquiries between 2009 & 2010



### Sanctions Imposed in 2010

#### 1978 Act

	1978 Act	2007 Act	TOTAL
Erasure (1978 Act) / Cancellation of registration (2007 Act)	0	2	2
Conditions	1	9	10
Suspension	0	3	3
Advise / Admonish / Censure	1	13	14
No sanction imposed	0	0	0
<b>Total</b>	<b>2</b>	<b>27</b>	<b>29</b>

#### 1. Fitness to Practise Callover meetings

Doctors and/or doctors legal representative are invited to attend before the FTPC and dates are fixed for hearings, whether an inquiry will be held in private/public/part public and any other preliminary issues that may arise.

# APPENDIX F

## HIGH COURT / SUPREME COURT JUDGEMENTS

### 1 Dr Aftab Ahmad -v- the Medical Council and Ireland and the Attorney General the Court delivered Judgment on 21st January, 2010

In this case Dr Ahmad applied to the High Court for Judicial Review of the Fitness to Practise Committee decision under Part V of the Medical Practitioners Act, 1978. This was the third set of Judicial Review proceedings to be pursued by DrAhmad arising out of the inquiry by the Fitness to Practise Committee. The allegations in relation to the professional misconduct on the part of Dr Ahmad occurred in 1997 and the Fitness to Practise Committee following an inquiry found Dr Ahmad guilty of professional misconduct in 2004.

In this particular case Dr Ahmad sought leave to bring Judicial Review proceedings against the Fitness to Practise Committee on the grounds that there was an absence of a right of appeal from the finding of professional misconduct by the Medical Council under the provisions of the Medical Practitioners Act, 1978.

The Court found that the Appellant was in effect saying that the disciplinary tribunal of the Medical Council was not properly constituted, not constituted in accordance with the law and the Constitution and that it therefore had no power or authority to determine that he was guilty of professional misconduct. The Court found, however, that as soon as Dr Ahmad had been charged with professional misconduct and directed to appear before the tribunal (Fitness to Practise Committee) he had the locus standi to raise any issues concerning the constitutionality of the tribunal’s powers, competence or jurisdiction which had been designated by Statute to deal with such matters.

The Court found that to permit Dr Ahmad to proceed with the Judicial Review proceedings would constitute an abuse of the process of Courts. The issue should have been raised in earlier proceedings. The rights of other parties had to be taken into account who were entitled to finality, within a reasonable time, not only in relation to the application of the findings of the tribunal made in April, 2004 but in relation to its status, its powers and its functions. For these reasons the Court considered that there had been an abusive process in this case and therefore for the proper administration of justice that the Judicial Review proceedings as initially brought be struck out.

### 2 Dr Ramadan Hemat -v- the Medical Council

In this case the Supreme Court delivered its Judgment on 29th April, 2010. In this case Dr Hemat was the subject of a complaint in January, 2003 to the Fitness to Practise Committee under Part V of the Medical Practitioners Act, 1978. The complaint for the most part related to his circulation of a leaflet advertising his services under the heading of “Clinical Orchomolecularism”. The complaint was referred to the Fitness to Practise Committee for an inquiry which was held on 15th July, 2003. The Committee found Dr Hemat guilty of professional misconduct and in relation to the circular found, amongst other things, that it was circulated for the purposes of advancing the doctor’s reputation and implied that he had unique solutions to health problems which were liable to raise unrealistic patient expectations.

Following the finding by the Fitness to Practise Committee the Medical Council at a subsequent meeting decided to suspend Dr Hemat’s name from the Register of Medical Practitioners for a period of a month and that certain condition were to be imposed concerning his ongoing registration thereafter.

Dr Hemat brought Judicial Review proceedings claiming that the Medical Council by its decisions and practices restricts and/or distorted the practice of medicine in the State. He claimed that the Ethical Guide amounted to a ban on advertising which has the object of effect of restricting or distorting competition and constitutes a decision by an association of undertaking.

In order to establish his case Dr Hemat must establish that the Medical Council was an association of undertakings for the purposes of Competition Law.

The Court considered the provisions of the 1978 Act, the Ethical Guide, the provisions of the Competition Act, 2002 and Articles 81 and 82 of the E.C. together with relevant case law. The Court concluded that the advertising restrictions imposed by the Medical Council in the Ethical Guide were predominantly motivated by consideration of the interests of patients which is in the public interest. They only incidentally concerned economic matters.

In addition the Court found that the provisions of the Ethical Guide in combination with the provisions of the Act of 1978 regarding the functions and composition of the Medical Council it was clear that the Council could not be considered to be an association of undertakings and therefore the appeal by Dr Hemat was dismissed.

### 3 Dr Andrea Hermann

A Judgment was delivered by Mr Justice Charleton in the High Court on 23rd November, 2010. This was the first appeal by a registered medical practitioner having regard to findings of professional misconduct, poor professional performance and sanctions imposed by the Medical Council under the provisions Parts 7, 8 and 9 of the Medical Practitioners Act, 2007. Dr Hermann did not appeal against the findings of professional misconduct and poor professional performance but did appeal the sanction of suspension and conditions.

Mr Justice Charleton heard the evidence and concluded that the Medical Council had proven that the penalty imposed on Dr Hermann was not disproportionate. The Court upheld the Council’s decision to suspend Dr Hermann and to impose conditions. The Court did, however, alter one condition imposed by the Council on Dr Hermann as it contained an error but all the other conditions remained in place. The Court concluded that the penalty imposed by the Medical Council was proportionate and justified by the circumstances.



# APPENDIX G

## CORPORATE SERVICES STATISTICS

### Press/News releases

Throughout 2010, nine press releases were issued to the media relating to current affairs within the Medical Council. A list of press releases can be found below;

- Commencement of Part 11 of the Medical Practitioners Act, 2007
- Minister for Health & Children launched Part 11 of Medical Practitioners Act, 2007
- Medical Council appoints new Chief Executive
- Medical Council Registration Rules to be revised – Public Consultation launched
- Medical Council produces first online videocast
- Medical Council launches 2009 Annual Report and Statement of Strategy for next three years
- Medical Council Professional Competence Rules Public Consultation launched
- Medical Council Health Sub-Committee supporting twenty-one doctors
- Medical Council approves new Registration Rules

Regular news items were also issued on the website relating to fitness to practise inquiries and updates for the medical profession.

### Publications

- What to do if called to give evidence: An information guide for witnesses
- Making a complaint about a doctor: A guide for patients
- What to do if a complaint is made about you: A guide for doctors
- Professional Competence: Promoting Quality Assurance
- Professional Competence: Promoting Quality
- An Introduction to the Guide for Professional Conduct and Ethics for Registered Medical Practitioners
- Medical Council Statement of Strategy 2010-2013
- Medical Council Annual Report 2009
- An Introduction to Medical Council’s Fitness to Practise Inquiries – A leaflet for the public

### Media Queries

The Corporate Services Section acts as the point of contact for all communications with members of the media and responds to all media queries. In 2010, the Medical Council responded to an average of 9 media queries per month from medical, regional, national and international publications in addition to radio and television.



### Freedom of Information

The Medical Council is subject to the Freedom of Information Acts 1997 and 2003. The amended Act was applied to the Medical Council on 31st May 2006 and established three statutory rights –a legal right for each person to access information held by public bodies; a legal right for each person to have official information relating to him/herself amended where it is incomplete, incorrect or misleading; and the legal right to obtain reasons for a decision affecting oneself. In ensuring our compliance with the FOI Acts, Corporate Services received a total of 17 FOI requests (one request was withdrawn and another request was handled outside of FOI) Further information on Freedom of Information at the Medical Council can be found on our website [www.medicalcouncil.ie](http://www.medicalcouncil.ie).

Personal Requests	9
Non-personal requests	8
Requests granted/part granted	13
Requests refused	2
Requests from journalists	6
Requests from others	11

# APPENDIX H

## EIGHT DOMAINS OF GOOD PROFESSIONAL PRACTICE

The Medical Council’s *Guide to Professional Conduct and Ethics for Registered Medical Practitioners* establishes a code of standards that underpins the role of medical practitioners. The principles and values of good medical practice have been well defined and can be broadly categorised into the following 8 domains of good professional practice:-

### Patient Safety and Quality of Patient Care

Patient safety and quality of patient care should be at the core of the health service delivery that a doctor provides. A doctor needs to be accountable to their professional body, to the organisation in which they work, to the Medical Council and to their patients thereby ensuring the patients whom they serve receive the best possible care.

### Relating to Patients

Good medical practice is based on a relationship of trust between doctors and society and involves a partnership between patient and doctor that is based on mutual respect, confidentiality, honesty, responsibility and accountability.

### Communication and Interpersonal Skills

Medical practitioners must demonstrate effective interpersonal communication skills. This enables the exchange of information, and allows for effective collaboration with patients, their families and also with clinical and non-clinical colleagues and the broader public.

### Collaboration and Teamwork

Medical practitioners must co-operate with colleagues and work effectively with healthcare professionals from other disciplines and teams. He/she should ensure that there are clear lines of communication and systems of accountability in place among team members to protect patients.

### Management (including Self Management)

A medical practitioner must understand how working in the health care system, delivering patient care and how other professional and personal activities affect other healthcare professionals, the healthcare system and wider society as a whole.

### Scholarship

Medical practitioners must systematically acquire, understand and demonstrate the substantial body of knowledge that is at the forefront of the field of learning in their specialty, as part of a continuum of lifelong learning. They must also search for the best information and evidence to guide their professional practice.

### Professionalism

Medical practitioners must demonstrate a commitment to fulfilling professional responsibilities by adhering to the standards specified in the Medical Council’s “Guide to Professional Conduct and Ethics for Registered Medical Practitioners”.

### Clinical Skills

The maintenance of Professional Competence in the clinical skills domain is clearly specialty-specific and standards should be set by the relevant Post-Graduate Training Body according to international benchmarks.

### 8 Domains of Good Professional Practice



# APPENDIX I

## REVIEW OF ENERGY USAGE IN 2010

The Public Body should provide a brief overview of the main energy users in the organisation here, e.g. heating buildings, water services, fleet of vehicles

In 2010, Medical Council consumed 897 MWh of energy, consisting of:

- 370.5 MWh of electricity;
- 526.5 MWh of fossil fuels;
- 0 MWh of renewable fuels.

### Actions Undertaken in 2010

The Medical Council moved into Kingram House, a new office development, in June 2009. We experienced a range of problems with the Heating, Cooling and Ventilation since we moved into the building. We engaged an independent Consulting Engineer to perform a Peer Review of Mechanical Engineering Services Installation. As a consequence, there were numerous issues established that required addressing. This process is still ongoing and we will have the entire Mechanical Ventilation, Heating and Cooling systems rebalanced by the end of April 2011.

There are no comparative measures on previous years and no measures were taken therefore to reduce the energy consumption.

### Actions Planned for 2011

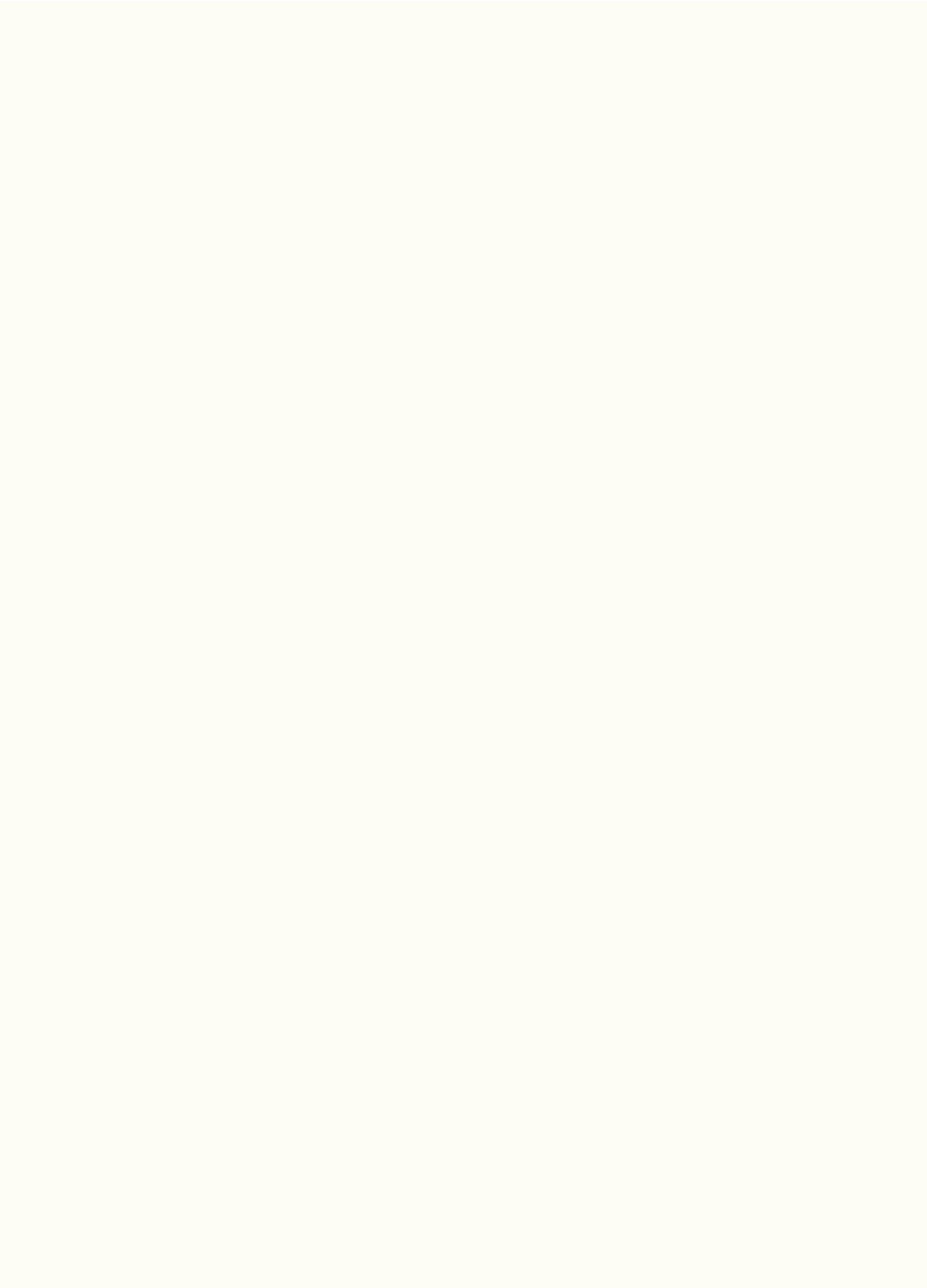
In 2011, *Medical Council* intends to further improve our energy performance by undertaking the following initiatives:

- Reduce the annual heating load with set point adjustment which will save 100 MWh annually
- Reduce the annual hot water load with set point adjustment and time scheduling which will save 37 MWh annually
- Careful management of the Electrical Usage, such as ensuring PC's, Lights etc are switched off out of hours which will save 45 MWh annually

# GLOSSARY OF TERMS

CPD:	Continuing Professional Development. CPD is a continuing learning process that complements formal undergraduate and postgraduate education and training. CPD requires doctors to maintain and improve their standards across all areas of their practice.
EAP:	Employment Assistance Programme. This worksite-based programme, provided by VHI, is designed to assist organisations and their employees:
Mediation:	Mediation is a form of alternative dispute resolution whereby the parties attempt to resolve their dispute / complaint with the assistance of an independent third party called a mediator. Mediation is a confidential process.
MPA:	Medical Practitioners Act, established in 1978 and updated in 2007.
PRES:	Pre-registration Examination System. The PRES is undertaken by applicable registration applicants and consists of two parts. Level 2 is a written examination and is currently in the form of a Multiple Choice Questions examination. Level 3 is a clinical examination and is currently in the form of an Objective Structured Clinical Examination (OSCE).
PGTB:	Postgraduate Training Body. The Medical Council currently approves 13 training bodies in Ireland for the purpose of granting evidence of satisfactory completion of specialist training.
Visiting EEA:	Visiting EEA Registration is only available to eligible EU/EEA/Swiss citizens who are established (hold “full registration” or equivalent) in another EU/ EEA member state or in Switzerland and wish to practise medicine in Ireland on a temporary and/or occasional basis.
WFME:	World Federation for Medical Education. WFME is the global organisation concerned with education and training of medical doctors.





**Medical Council**

Kingram House,  
Kingram Place, Dublin 2.

Tel : 00353 1 4983100  
Fax: 00353 1 4983102