

THE ROLE OF THE MEDICAL COUNCIL

PROTECTING PATIENTS, SUPPORTING DOCTORS



Comhairle na nDoctúirí Leighis
Medical Council

A Statistical Report 2011

Foreword



I am delighted to present this, the first Statistical Report prepared by the Medical Council.

The report provides a very useful overview of the activities undertaken by the Medical Council in fulfilling its responsibility 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 addition to offering a very interesting snapshot of the profile of the medical register in 2010, the report also provides information which will greatly assist the Council in establishing trends which will assist us in planning future activities and in allocating sufficient resources to undertake our functions efficiently and effectively.

While the Medical Council is most closely associated with our role in maintaining the register of medical practitioners and in investigating complaints, this report also highlights the many other components of the Council's work, such as our role in professional development and in setting standards of conduct and ethics for doctors.

As outlined in the Medical Council's Statement of Strategy 2010-2013, one of the Council's core values is to be open and transparent in our processes and actions. By publishing this report, we underline our commitment to such openness and transparency as we strive to achieve our vision that patient safety and public confidence is ensure through excellent doctors upholding the highest standards.

A handwritten signature in black ink that reads "Kieran Murphy".

Professor Kieran C Murphy
President

Introduction from the CEO



As the regulator of doctors practising in Ireland, the Medical Council holds a large volume of data which provides us with a valuable insight into the profile of doctors registered to work here. The main aim of this report is to use this statistical information to help to illustrate the work of the Council to the public and other stakeholders. Publishing this report annually will allow us, over time, to analyse changes and begin a process of using data to better inform the development and strengthening of medical regulation to protect the public and enhance professional development.

Key functions of the Medical Council include:

- Protecting patients by promoting and ensuring high standards amongst doctors registered in Ireland.
- Supporting doctors to provide care to patients which is safe, personal and clinically sound.
- Setting the standards for the education and training of doctors.
- Maintaining the register of doctors who are allowed to practise medicine in Ireland. There were 18,819 doctors registered with the Medical Council in June 2011.
- Ensuring that registered doctors are up to date and fit to practise through professional competence requirements.
- Setting the standards for professional conduct and ethics that doctors must comply with, through the publication of ethical guidelines.
- Responding to concerns by investigating complaints about doctors and taking action to protect the public, where necessary.

This report aims to use key statistics to highlight the work undertaken by the Council in each of these areas. It's important that our planning processes are informed by the data we have at our disposal, and further to this report, the Medical Council will be undertaking work to identify trends and emerging issues which will be addressed in our annual business plans.

Our primary goal is to protect the public, and we hope that this report will serve the dual function of informing the public of our activities, while providing the Council with information which will be used in the interests of patient safety.

A handwritten signature in blue ink that reads "Caroline Spillane".

Caroline Spillane
CEO



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The Role of the Medical Council

The Medical Council is the organisation in Ireland responsible for regulating doctors. Its role is to protect the public by promoting and ensuring the highest standards amongst doctors. In particular, it works to ensure high standards of:

- Professional Conduct and Ethics
- Medical Education and Training
- Professional Competence

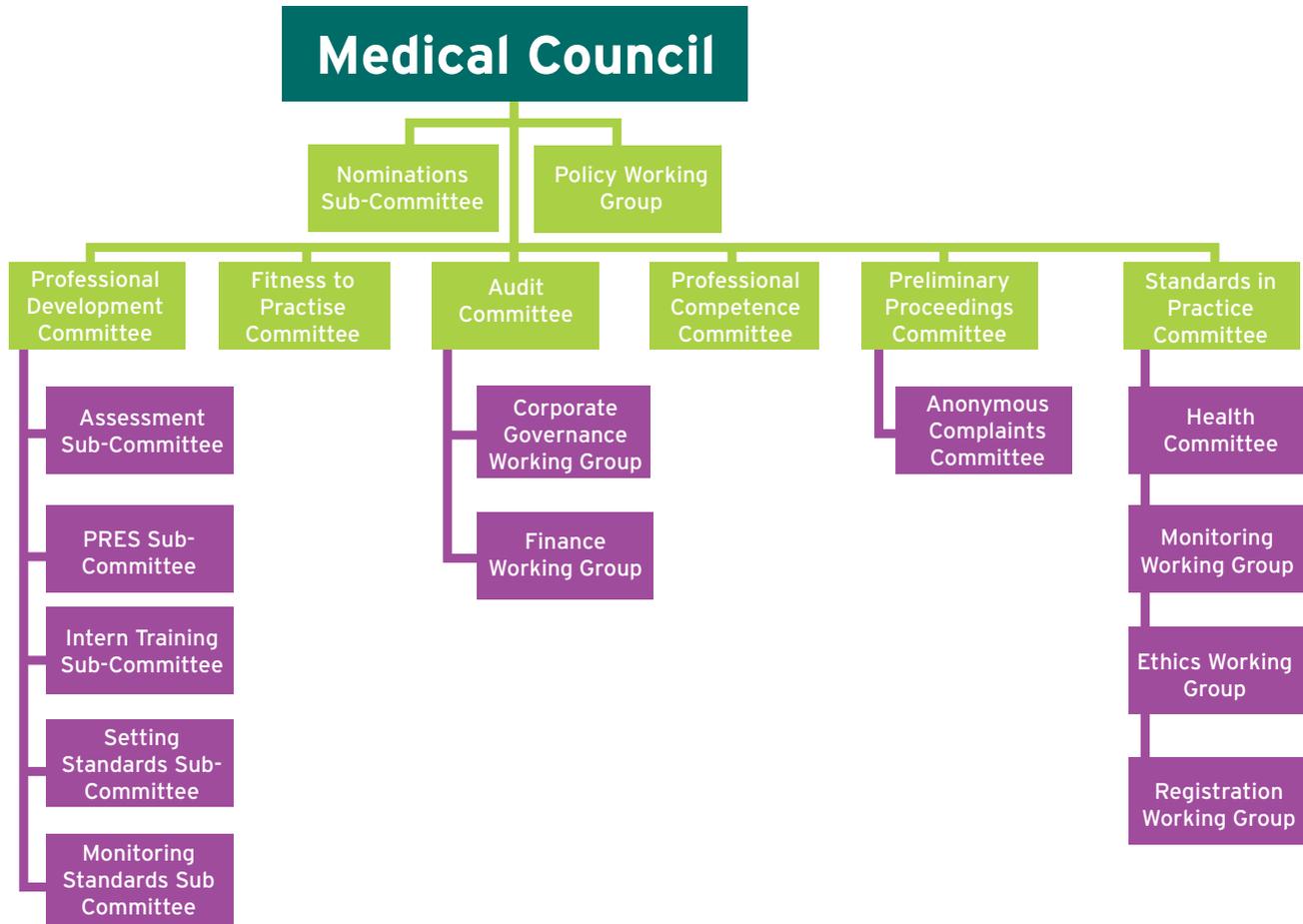
The main functions of the Medical Council are to:

- Maintain the register of doctors (doctors must be registered with the Medical Council in order to work in the Republic of Ireland)
- Ensure high standards of medical education and training
- Specify standards of practice for doctors, including the areas of professional competence and ethics
- Provide guidance to doctors on compliance with standards of practice
- Promote good medical practice
- Investigate complaints made about doctors and, where necessary, conduct disciplinary procedures
- Advise the Minister for Health on matters relating to doctors and patient safety.

The Medical Council was established by the Medical Practitioners Act 1978 (updated in 2007) and is made up of 25 members, including members of the public, doctors, representatives from teaching bodies and a range of other stakeholders. The members include those who are nominated by the Minister for Health or by other organisations and members who are elected by doctors. The Medical Council is noteworthy among medical regulators in the world as it has a majority of non-medical members. Thirteen of the members are non-medical members and 12 are doctors. All appointments to the Medical Council are approved by the Minister for Health.

A number of Sub-Committees and Working Groups report to the Medical Council through their governing Committee.

Medical Council Committee & Working Group Structures



The average number of staff employed by the Medical Council in 2010 was 49, who work under the management of the Chief Executive Officer, to carry out its day-to-day work.

The strategy of the Medical Council is outlined in its Statement of Strategy 2010-2013 and its annual business plans are approved and overseen by the representatives on the Council. All of these documents are available on www.medicalcouncil.ie.

The Medical Council is funded entirely by the registration fees of doctors. It does not receive funding from the State. The annual fee for a doctor to remain on the Medical Council's register was €490 in June 2011.

There were 18,819 doctors registered with the Medical Council in June 2011.

Transparency

The Medical Council strives to carry out its work in an open and transparent manner to ensure the confidence of doctors and the public. The summary minutes of meetings of the Medical Council, its statement of strategy and business plans are published on the Council's website at www.medicalcouncil.ie.

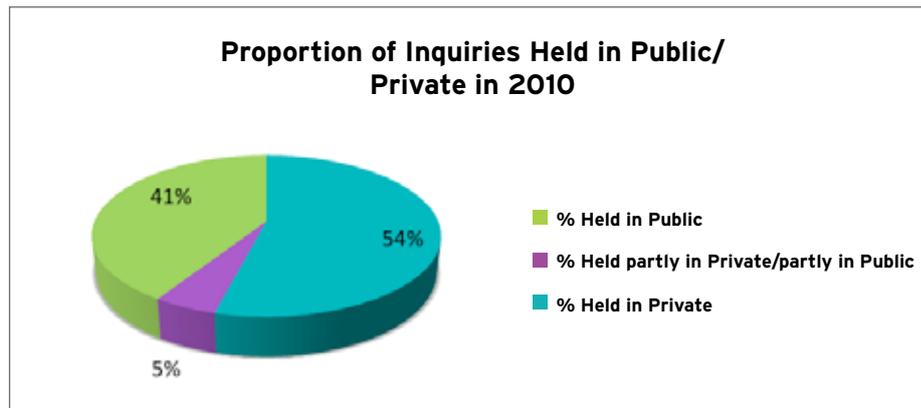


Fig. 1 Proportion of Inquiries Held in Public/Private in 2010

In March 2009, the first public inquiry was heard under the Medical Practitioners Act 2007. Inquiries are held in public unless an application is made by the complainant, the doctor, or a witness to hold all, or part, of the inquiry in private, and the Fitness to Practise Committee is satisfied that it would be appropriate in the circumstances to do so. Under the Medical Practitioners Act 1978 all inquiries were held in private.

Requests under the Freedom of Information Act

The number of requests for information is increasing year on year highlighting a greater level of public interest in the activities of the Medical Council.

Year	No. of Requests
2008	10
2009	16
2010	17

Table 1 Number of Requests under the Freedom of Information Act

A quarterly e-newsletter is sent to doctors updating them on developments relating to the regulation of the profession. On average, this e-newsletter is opened by 45% of those who receive it. The average opening rate for an e-newsletter sent out by a public sector body is 29%.

Working with Stakeholders

In carrying out its regulatory activities, the Medical Council works closely with a wide variety of stakeholders including:

- Individual patients and groups representing patients
- Individual doctors and their representative bodies
- The Minister for Health and the Department of Health
- Employers of doctors, including the Health Service Executive and Private Hospitals
- The Minister for Education and the Department of Education
- The Minister for Finance and the Department of Finance
- Medical Education and Postgraduate Training Bodies
- Other Regulatory Bodies
- International Authorities/ Bodies

International Role

The Medical Council works with the regulatory authorities in other countries exchanging information, where appropriate, about doctors including verifying the credentials of doctors who have applied for registration in Ireland. This ensures that doctors who have qualified abroad and wish to work in Ireland, have obtained the appropriate qualifications and can practise safely and competently in this jurisdiction. The Medical Council also routinely sends information to regulatory authorities in other countries about the outcome of disciplinary proceedings taken against doctors in Ireland.

The Medical Council also works with a number of international organisations gathering information about best international practice in medical regulation. It integrates international standards into its quality assurance of medical education and training.



Professional Development

Throughout the career of a doctor from when a medical student first enters university until the time when a doctor retires from practice, the Medical Council works to ensure that medical education and training is up to date and in line with the highest international standards. The Medical Council oversees life-long learning for qualified doctors so that patients can be confident that their doctor keeps abreast of developments in their field and maintains their professional competence.

Training Future Doctors

The Medical Council sets and monitors standards for undergraduate, intern and postgraduate medical programmes and the bodies that deliver them ensuring that curricula are in line with the agreed Medical Council rules, criteria, standards and guidelines. It operates a robust inspection process to ensure that training sites and facilities provide the right educational and training environment.

The Medical Council accredits medical education programmes and the bodies that deliver them and has the power to withhold or withdraw approval if standards are not maintained.

There are five medical schools in Ireland offering medical programmes primarily for school leavers: Trinity College Dublin, University College Dublin, National University of Ireland, Galway, University College Cork and the Royal College of Surgeons of Ireland.

Four medical schools now offer graduate entry medical programmes: University College Dublin, University College Cork, the Royal College of Surgeons of Ireland and the University of Limerick.

In recent years, the numbers of medical students graduating with medical degrees from Irish universities is increasing due to both a greater number of institutions offering medical programmes and due to the development of graduate entry medical programmes.

The creation of graduate entry medical programmes in Ireland will result in an increase in both the average age and the level of diversity in the educational backgrounds of medical graduates.

In recent years, there has been an increased emphasis on developing and maintaining communication skills and professionalism as part of medical education and training; this is increasingly important as students have more contact with patients at an earlier stage in medical education programmes and must interact with them in a professional way.

In line with an increasing emphasis on the development of professionalism, in 2011, the Medical Council published *Guidelines for Medical Schools on Ethical Standards and Behaviour Appropriate for Medical Students* to provide guidance to medical schools and to students on professional conduct and ethics.

Postgraduate Training

The Medical Council also sets and monitors standards of the Intern Year, which marks the transition between medical student and further postgraduate training. This key period introduces the recent graduate to clinical service and consolidates and deepens the foundations laid at undergraduate level. Council teams inspected 38 clinical training sites - hospitals and GP surgeries - in the first half of 2011 in order to ensure standards for interns.

At post-intern level, the Medical Council recognises medical specialities, approves and publishes standards for specialist medical education programmes and postgraduate training bodies and monitors the delivery of these standards.

There are 13 approved training bodies providing postgraduate educational programmes for doctors: the College of Anaesthetists of Ireland, the College of Psychiatry of Ireland, the Faculty of Occupational Medicine, the Faculty of Paediatrics, the Faculty of Pathology, the Faculty of Public Health Medicine, the Faculty of Radiologists, the Faculty of Sports and Exercise Medicine, the Institute of Obstetricians and Gynaecologists, the Irish College of General Practitioners, the Irish College of Ophthalmologists, the Irish Committee on Higher Medical Training, RCPI and the Royal College of Surgeons in Ireland.

Life-Long Learning

Once knowledge and skills have been acquired through undergraduate medical education and postgraduate training, doctors need to commit to life-long learning to keep abreast of new developments and to ensure they continue to engage in good professional practice through their lives. This commitment helps to ensure that patients benefit from care which is safe, personal and clinically sound.

'Professional competence' refers to the knowledge and skills that can be reasonably expected for the practise of medicine. As of May 2011, all doctors working in Ireland must maintain their professional competence in line with requirements set by the Medical Council. Most doctors previously undertook continuing professional development activities on a voluntary basis, however, there is now a formal process to support doctors in developing their knowledge and skills throughout their career. Doctors meet these requirements by enrolling in a professional competence scheme and taking part in continuing professional development and clinical audit activities. The schemes are operated by the postgraduate training bodies, recognised by the Medical Council for this purpose. The Medical Council oversees this requirement.

From May 2012, each doctor registered with the Medical Council will receive a certificate from the professional competence scheme with which they are enrolled confirming their enrolment and setting out the amounts of activity in which the doctor has engaged. The Medical Council will have a monitoring system in place to make sure that professional competence is being maintained by doctors. Each year, the Council will choose a random sample of doctors for more detailed inspection. It will take action if it is not satisfied that a doctor is maintaining professional competence.

Maintaining the Register of Doctors

The Medical Council ensures that only properly qualified doctors are registered and allowed to practise in Ireland. The Medical Council's register lists the details of these doctors, whose qualifications are recognised by the Council. It provides assurance to the public of a doctor's good standing and continuing competence.

The register is published on www.medicalcouncil.ie so that the public can check whether a doctor is listed.

In order to remain on the register, doctors must pay an annual retention fee and complete an annual declaration, validating their ability to practise medicine. From 2012, all doctors will also be required to demonstrate that they have fulfilled the professional competence requirements, which came into force in May 2011.

In certain circumstances, the Medical Council has the power to remove or suspend a doctor from the register or impose certain conditions on his or her registration.

Applications for registration can be processed quickly if all the requisite documentation is supplied by the applicant.

The majority of applications from non-EEA applicants are processed within four weeks, however this timeline includes delays which often occur due to incomplete supporting documentation. Generally, the Council needs to follow up with 85 - 90% of applicants to obtain supporting documentation/ receive clarification of information.

Routes to Registration

When doctors apply for registration with the Medical Council they must indicate under which division they are applying, however, it is the Council which determines the division to which a doctor is registered. There are four divisions on the register:

1. Trainee Specialist Division

This includes internship registration for medical graduates, who are completing a 12-month internship in a hospital recognised by the Medical Council. Graduates of most medical schools in Ireland and the rest of the EU can apply for internship registration.

This division also includes qualified doctors, who are in approved postgraduate training posts. This training normally takes place in a hospital, health institution, clinic, medical practice or other health service setting approved by the Council. All applicants to this division must have been awarded a document, which is at least the equivalent of the Certificate of Experience (Internship Certificate). Doctors from outside the EU/EEA who received their qualification outside of the EU/EEA must also pass or have been exempted from the Pre-Registration Examination System (PRES). The PRES tests a candidate's factual knowledge and clinical skills of the main clinical disciplines.

2. General Division

This includes qualified doctors, who have not engaged in specialist training recognised by a relevant training body in Ireland and who do not work in an individually numbered postgraduate training position. All applicants for this division must have a recognised basic medical degree from a medical school in Ireland or another EEA country or Switzerland or have been awarded a document which is at least the equivalent of the Certificate of Experience (Internship Certificate) or have passed or been exempted from the PRES.

3. Specialist Division

This includes doctors, who have completed specialist training recognised by the Medical Council and can practise independently as a specialist.

4. Visiting EEA Registration

This includes doctors who are citizens of EEA countries and who are fully established to practise medicine in an EEA country. These doctors may practise medicine in Ireland on a temporary and occasional basis without having to take out specialist or general registration. This form of registration is limited, as stated to temporary and occasional bases and cannot exceed 30 days annually.

5. Supervised Division

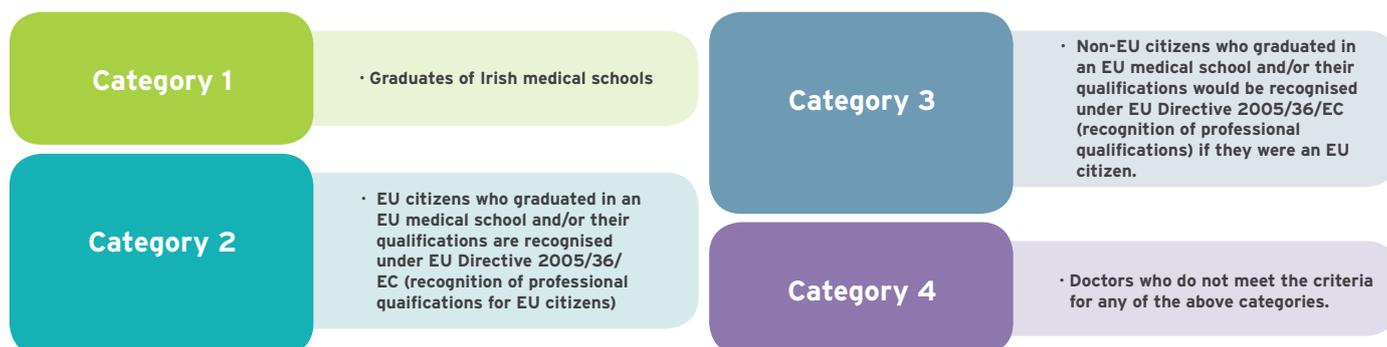
This Division was established in July 2011, and includes doctors employed by the HSE, who are in a supervised post in a hospital setting approved by the Medical Council. Before an applicant is registered in this division, the HSE must propose the candidates to the Medical Council, including the specialty of the post, the duties the doctor will be charged with and the supervisory arrangements which will be in place. The candidate must also complete a clinical examination in the area of specialty they will be working in, measuring competence in the areas of clinical judgement, communication and data interpretation.

Recognition of Qualifications

The Medical Practitioners Act 2007 and EU Directive 2005/36/EC outline the criteria under which doctors can register in the Trainee Specialist, Specialist and General divisions under international agreements on the recognition of professional qualifications. Further information on these criteria is available in the Medical Council's *"Guide to the Application Procedure and Registration Rules for Registration in the Register of Medical Practitioners in the Training Specialist, Specialist and General Division."*

Categories of Applicants

The four main categories of applicants for either the General Division or Specialist Division are:



Breakdown of Register by Division, Gender and Age

The majority of doctors are registered in the general division. This includes many GPs, who have not completed a specialist training programme, and non-consultant hospital doctors.

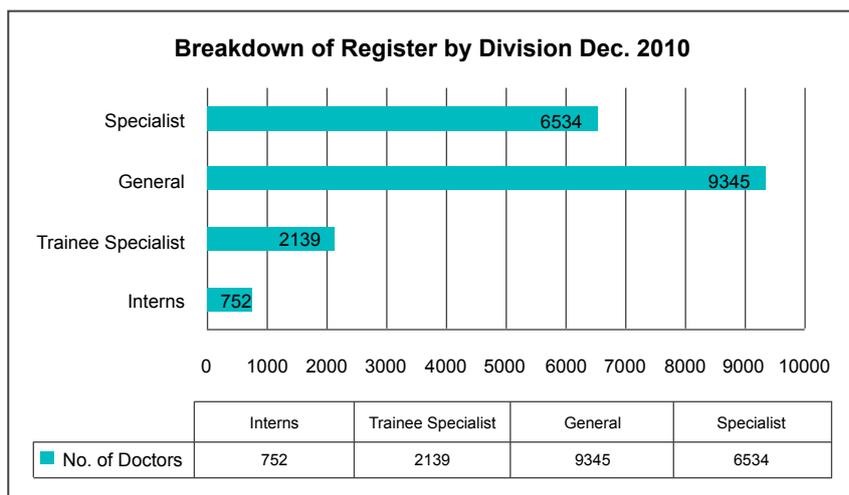
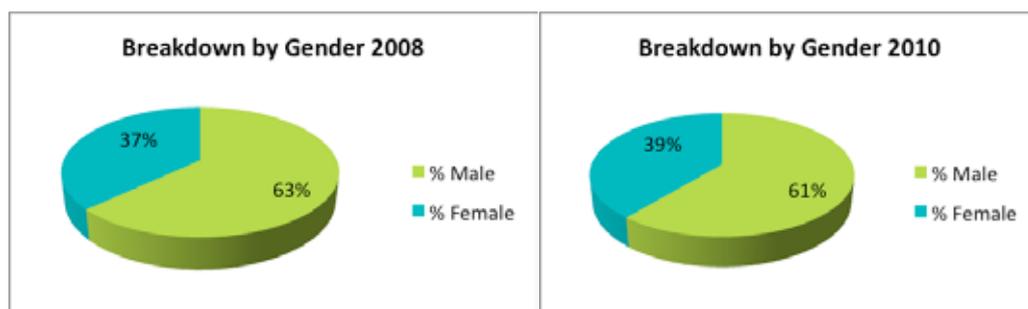


Fig. 2 Breakdown of Register by Division Dec. 2010

The majority of doctors on the register are male; however, the number of female doctors has increased in recent years.



Figs. 3 and 4 Breakdown of Register by Gender 2008 and 2010



Age Cohort	% of the Register in 2010
20 to 35	30%
36 to 44	26%
45 to 65	37%
65 and over	7%

Table 2 Breakdown of Register by Age 2010

Specialty	No. of Doctors
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

Table 3 Breakdown of Register by Speciality 2010



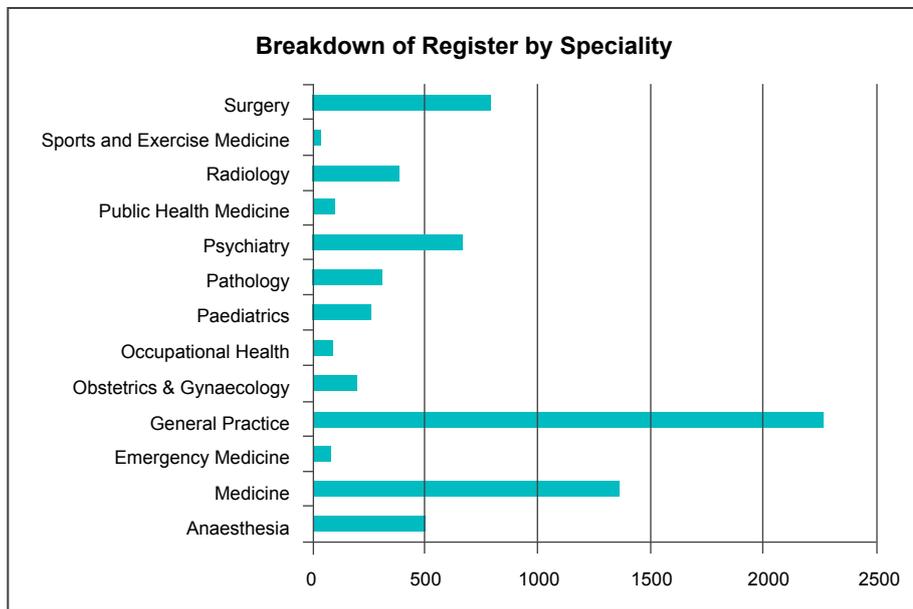


Fig 5 2010 Breakdown of Register by Speciality

Examinations

General Division - Pre-Registration Examination System (PRES)

The Medical Council requires all doctors to meet defined practice standards. Doctors who have qualified outside of the EU /EEA must pass or be exempt from the Council's pre-registration examination system (PRES) if they wish to be registered in the general division but do not satisfy the criteria for other registration pathways. This examination is set at the level of final medical/entry to internship year.

Level 2 Examination

Level 2 is a computer delivered written examination and is currently in the form of a Multiple Choice Questions (MCQ) examination.

In 2010, 127 candidates of 19 nationalities sat the Level 2 examination. 61 passed the examination, a pass rate of 48%.

A pass in Level 2 is valid for a period of two years from the date of passing. Candidates must pass Level 3 within two years from the date of passing Level 2.

Level 3 Examination

Level 3 is an examination of clinical competence, including practical and communication skills, as well as data interpretation skills. In 2010, 255 candidates of 19 nationalities sat the level 3 examination, while 149 (58%) passed.

Supervised Division - Clinical Examinations

Applicants for registration to the Supervised Division must fulfil a number of criteria for registration, including passing an examination of their clinical skills.

Firstly, the HSE must propose the candidates to the Medical Council, including the specialty of the post, the duties the doctor will be charged with and the supervisory arrangements which will be in place. Similar to candidates for the General Division, all applicants for the Supervised Division must then undergo a Level One assessment and verification of their documentation.

Eligible candidates are then required to sit a clinical examination in the area of specialty they will be working in, measuring competence in the areas of clinical judgement, communication and data interpretation. This examination is set at the level of intern exit / entry to basic specialist training. In August 2011, examinations were sat by 266 candidates in seven specialties (Anaesthesia, Emergency Medicine, General Internal Medicine, Obstetrics & Gynaecology, Paediatrics, Psychiatry, Surgery) and 236 (88%) passed.

Setting & Monitoring High Professional Standards

Setting Professional Standards

The Medical Council sets and promotes standards for doctors publishing a "*Guide to Professional Conduct and Ethics for Registered Medical Practitioners*." This booklet provides guidance to doctors on issues such as consent, confidentiality, end-of-life care, provision of information to the public, prescribing practices and referral of patients.

Monitoring High Professional Standards

Doctors can only work in Ireland if they are listed on the Medical Council's register. In certain instances, the Medical Council has the power to: issue a warning to a doctor; remove or suspend a doctor from the register or place restrictions on his or her registration.

The Medical Council protects patients by responding to complaints made about doctors using a fair and robust process. Anybody can make a complaint about a doctor. This includes members of the public, a doctor's employer, other healthcare professionals or the Medical Council itself. The majority of complaints about doctors in Ireland are made by members of the public, in contrast to international trends, whereby the majority of complaints are made by healthcare professionals, employers or public bodies.

The Complaints Process

Once the Medical Council receives a complaint, it will respond stating that it has received the complaint and write to the doctor involved.

The Medical Council's Preliminary Proceedings Committee (PPC) considers the information received as well as any information from the doctor. This Committee may look for additional information relating to the complaint.

The PPC will decide whether the case should go forward for an inquiry by the Medical Council's Fitness to Practise Committee (FtPC). The PPC can also form the opinion that a case should not go forward for an inquiry by the FtPC. However, Council must approve the PPC's decisions and Council may ultimately overturn such an opinion if it sees fit.

In the event of an inquiry, the FtPC will usually be made up of three people: two without a medical background and one doctor. The FtPC is chaired by a member of the Medical Council. An inquiry may be held in public or if the FtPC believes it is appropriate, all or part of a case may be heard in private. The person who made the complaint, the doctor, who is the subject of the complaint or any other witness, can apply to have all or part of inquiry held in private.

After hearing an inquiry, the FtPC reports its opinion to the Medical Council. If the Committee finds that the allegations against the doctor have been proven, the Council may impose sanctions on the doctor including issuing a warning or removing the doctor from the register so that he or she cannot practise for a specific length of time.

Number and Type of Complaints Received in 2010

Category of Complaint	No. of Complaints received in 2010
<p>A. ALCOHOL / DRUG ABUSE / IRRESPONSIBLE PRESCRIBING</p> <p>This relates to a complaint against a doctor who may have an alcohol or drug addiction or may have prescribed medication in a manner which was irresponsible.</p>	10
<p>B. DEPUTISING ARRANGEMENTS</p> <p>This relates to a complaint where a doctor may not have put in place adequate arrangements to cover his or her absence.</p>	0
<p>C. TREATMENT</p> <p>This relates to a complaint against a doctor, who may have afforded inappropriate or inadequate treatment for a patient's condition.</p>	86
<p>D. PROFESSIONAL STANDARDS</p> <p>This relates to any complaints primarily relating to breaches of section 2 of the Medical Council's Guide to Professional Conduct and Ethics.</p>	160
<p>E. RESPONSIBILITY TO COLLEAGUES</p> <p>This relates to complaints whereby a doctor may have reneged on an understanding with colleagues, which would result in a risk to patient safety. It also relates to paragraphs 45, 46 and 47 of the Guide to Professional Conduct and Ethics. An example of a complaint in this category would be if a doctor delegates a task to a doctor in training, but fails to take responsibility for making sure the task is carried out safely and competently by the doctor in training.</p>	0
<p>F. FAILURE TO ATTEND</p> <p>This relates to situations whereby the doctor does not attend to a patient.</p>	12
<p>G. FAILURE TO COMMUNICATE /RUDENESS</p> <p>This relates to situations whereby a doctor has not demonstrated effective interpersonal communication skills, which would enable the exchange of information, and allow for effective collaboration with patients, their families and also with clinical and non-clinical colleagues and the broader public.</p>	30

Category of Complaint	No. of Complaints received in 2010
<p>H. FAILURE TO SUPPLY MEDICAL RECORDS / REPORTS</p> <p>This relates a complaint about a doctor, who may have failed/ refused to provide a patient with their medical records or a complaint against a doctor who may have refused to provide medical information (normally with the patient's knowledge and agreement) to another doctor when requested. It also relates to the provision of reports to solicitors, insurance companies or employers in relation to a patient the doctor may have seen or treated professionally.</p>	22
<p>I. CERTIFICATION</p> <p>This includes complaints against doctors, who may have issued inaccurate and/or illegible certificates, reports, prescriptions or other formal documents. A doctor's Medical Council Registration Number must also be included on any formal documentation issued by them. Normally, a doctor should only sign a certificate or other such prescription, report or document for a patient following a review of the patient's condition. An example of a complaint of this nature would be where a doctor refuses to provide a patient with a certificate or whereby an employer makes a complaint against a doctor about the length of certified sick leave.</p>	3
<p>J. OTHER COMPLAINTS CONSIDERED</p> <p>This relates to complaints that do not fall into the other categories of complaint. Examples of complaints, which fall into this category, include complaints relating to a doctor's fees or level of professional indemnity insurance.</p>	32
<p>K. ADVERTISING</p> <p>This relates to complaints regarding the advertising of the services of a doctor in a manner which is inappropriate or misleading. An example of such a complaint would be where a doctor describes himself/herself as a consultant or specialist, when he or she has not obtained the relevant qualification as approved by the Medical Council and is not registered on the Specialist Division of the Medical Council Register.</p>	1
<p>L. CONVICTIONS</p> <p>This relates to complaints where a doctor has received a court conviction.</p>	2
<p>M. PHYSICAL / MENTAL DISABILITY</p> <p>This relates to complaints whereby a doctor may have physical or mental disability, which may impair his or her ability to practise and which may put patients at risk.</p>	1
<p>P. COMPLAINTS UNSPECIFIED / RMP UNIDENTIFIED</p> <p>This relates to complaints which have not yet been officially opened by the Medical Council as more information is being sought.</p>	2
TOTAL	361

Table 4 Number and Type of Complaints Considered by Preliminary Proceedings Committee in 2010

Number of Complaints Received 2001-2010

The number of complaints against doctors received by the Medical Council increased in recent years, possibly reflecting increased public expectations of doctors and greater awareness of the role of the Medical Council.



Fig. 6 Number of Complaints Received 2001 - 2010

Ratio of Complaints Received to Number of Doctors

A doctor is more likely to have a complaint made against him or her now than ten years ago. However, people in Ireland are less likely to complain about a doctor than people in the UK.

Percentage of doctors who were the subject of a complaint

Year	Ireland	UK*
2001	1.48%	2.19%
2005	1.79%	2.08%
2008	1.79%	2.10%
2009	1.62%	2.50%
2010	1.92%	N/A

*Source: www.gmc-uk.org - accessed July 2011

Table 5 Percentage of doctors who have been the subject of a complaint 2001-2010

Complaints by Registration, Division and Age

A greater proportion of complaints are made against those doctors who are in the 45-65 age group and those who have qualified in a medical school in Ireland. In line with international trends, a higher proportion of complaints are made against doctors who are in the specialist division (including General Practitioners, Obstetricians and Gynaecologists, Psychiatrists and Surgeons).

Prima Facie (PF) Decisions by Division, Category and Age

In 2010, the Preliminary Proceedings Committee of the Medical Council made 54 Prima Facie decisions on foot of complaints made about doctors. In making a Prima Facie decision, the Committee reviews information it has gathered relating to the complaint and on the face of that information it decides whether or not there is evidence of professional misconduct or poor professional performance. If this Committee is of the view that such evidence exists, it refers the case to the Medical Council's Fitness to Practise Committee for an inquiry.

Breakdown of PF Decisions by Division

In 2010, the highest proportion of prima facie decisions was made against doctors in the general division.

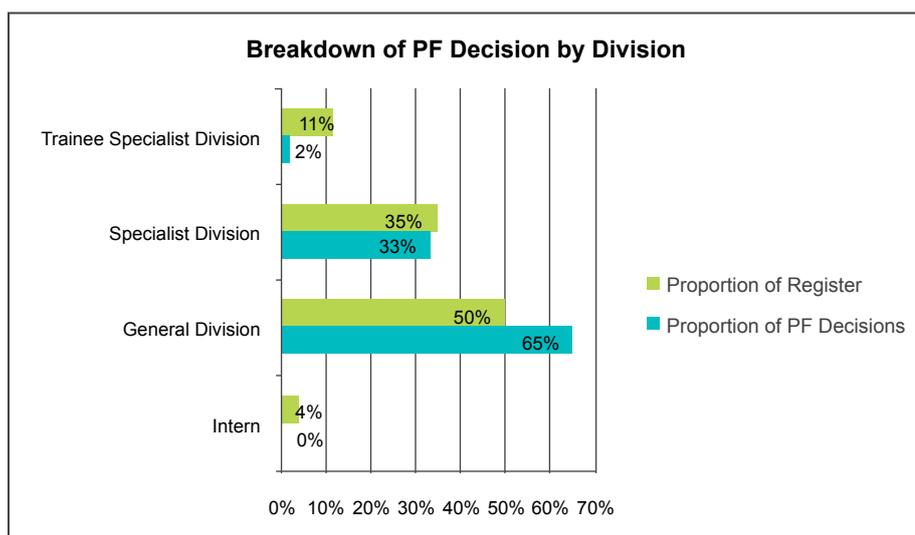


Fig. 7 Breakdown of Prima Facie Decisions by Division in 2010

Breakdown of PF Decision by Category of Applicant to the Medical Council's Register

In 2010, most (48%) of the decisions taken against doctors relate to category 1 doctors (qualified in medical schools in Ireland). Category 1 doctors make up 65% of doctors on the register.

There were a higher proportion of decisions made against doctors who had qualified in medical schools outside of the EU/EEA (Category 4). 41% of PF decisions related to category 4 doctors yet they only made up 25% of doctors on the register.

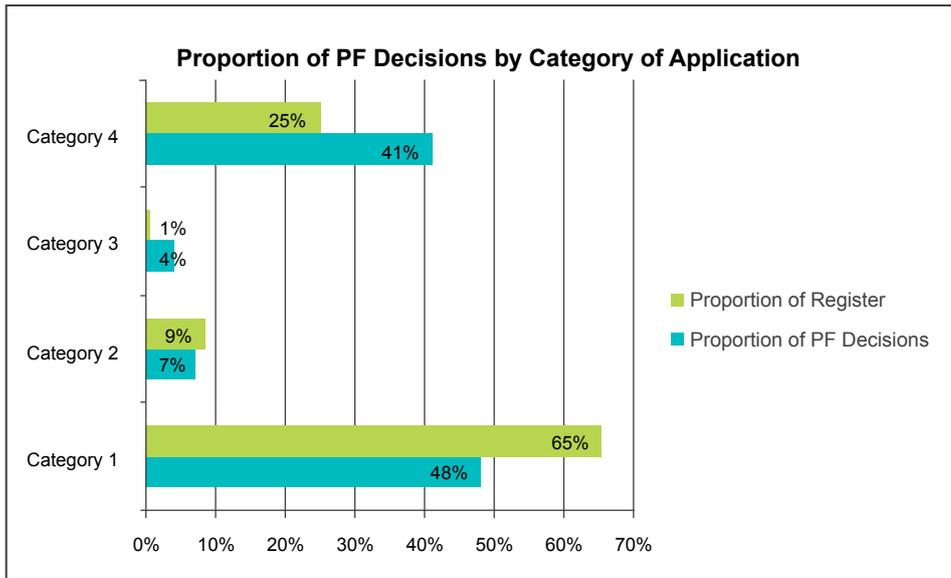


Fig. 8 Breakdown of Prima Facie Decisions by Category of Application in 2010

Breakdown of PF Decisions by Age

In 2010, 39% of PF decisions were against doctors aged 45-65. However, doctors aged 65 and over were overrepresented in comparison to the proportion of doctors in this age group on the register. Doctors over 65 accounted for 7% of doctors on the register, yet 15% of PF decisions were made against doctors in this age cohort.

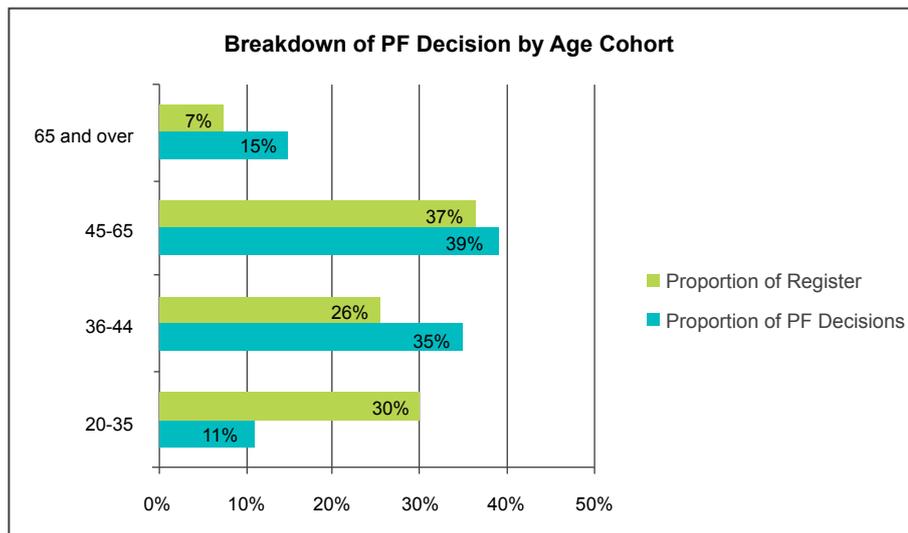


Fig. 9 Breakdown of Prima Facie Decisions by Age Cohort in 2010

Efficiency in Dealing with Complaints

Despite the fact that the number of complaints and inquiries is increasing year on year and the number of staff dealing with the complaints has not increased, the Medical Council is processing complaints more efficiently and there is no backlog in processing complaints. The use of a case management tool as known as the *Call Over Process*, results in fewer days at inquiry stage and fewer days in court and therefore lower costs.

Average Length of Time from Receipt of Complaint to a PPC Decision 2009-2010

Year	No. of Weeks
2009	17.72
2010	16.35

Table 6 Average Length of Time from Receipt of Complaint to PPC Decision

The FtPC will hear an inquiry within six months of when the case is referred by the PPC. Once the FtPC issues its opinion, the Medical Council usually considers it within two months.

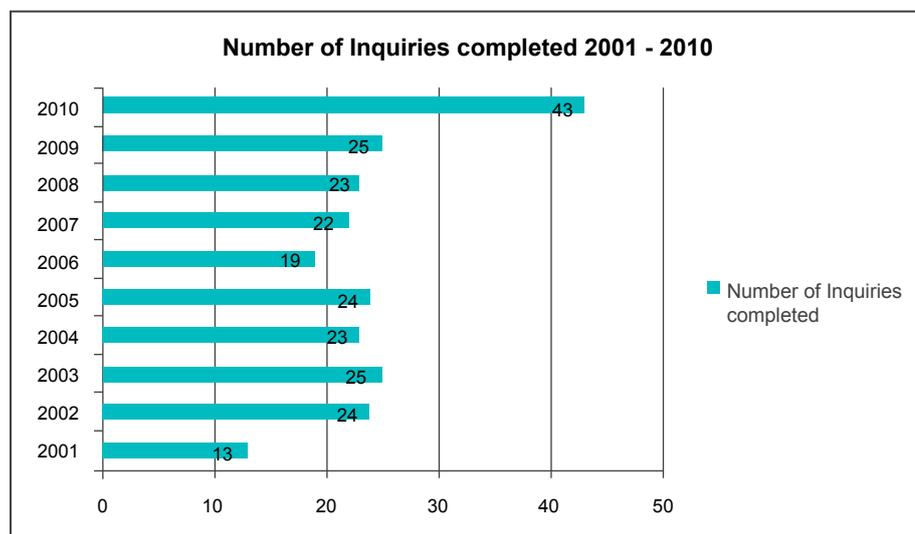


Fig. 10 Number of inquiries completed 2001 - 2010

Average Number of Days per Inquiry 2002-2010

The average number of days per completed inquiry has decreased in recent years as a result of the introduction of new, more efficient processes.

Year	Average No. of Days Per Inquiry
2001	5
2005	1.48
2008	2.33
2010	2.18

Table 7 Average Number of Days per Inquiry 2001 - 2010

Outcomes of Complaints considered in 2008, 2009 and 2010

The ratio of the number of inquiries held to complaints made is increasing year on year.

Decision	Number			Percentage		
	2008	2009	2010	2008	2009	2010
Inquiry called	29	31	54	9%	13%	17%
No case for an Inquiry	294	207	264	91%	87%	83%

Table 8 Outcomes of Complaints considered in 2008, 2009 and 2010

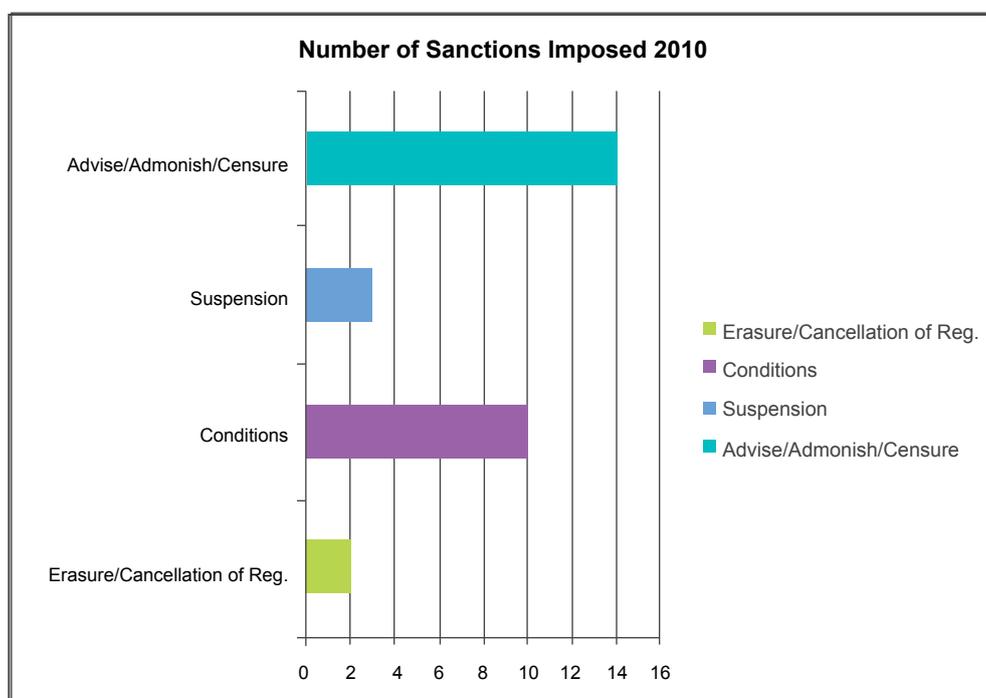


Fig. 11 Number and Types of Sanctions imposed

Monitoring Working Group

Following a Fitness to Practise Inquiry, the FtPC may impose conditions on a doctor's continued registration. Restrictions may be imposed on where or how a doctor can practise or a doctor may be required to complete a specific training course or may be referred for treatment.

The Monitoring Working Group monitors compliance by doctors in relation to conditions imposed on their continued registration. If the doctor fails to comply with the conditions imposed, the Monitoring Group will refer the issue back to the Medical Council.

The number of doctors who have had conditions imposed on their registration has increased since 2008 in line with the increase in the number of Fitness to Practise inquiries.

Number of Doctors with Conditions imposed on their Registration

The number of doctors who have conditions imposed on their registration has increased in recent years in line with the increase in inquiries.

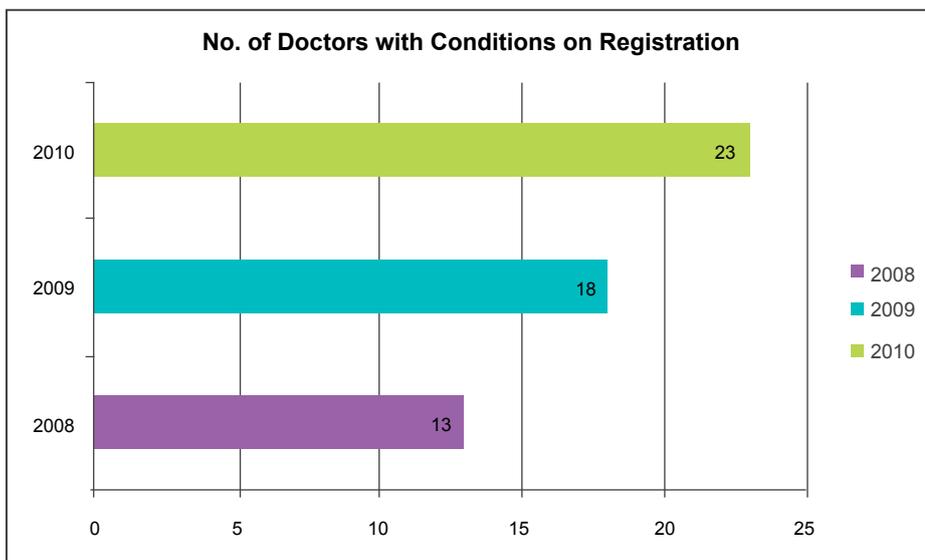


Fig. 12 Number of Doctors with Conditions on Registration

Health Sub Committee

The Medical Council's Health Sub Committee monitors and advises the Council about the health of individual doctors who have certain medical problems. The number of doctors supported by the Health Sub Committee increased to 21 in 2010, from 17 in 2009. Most commonly, doctors were referred by the Medical Council's Fitness to Practise Committee, while there were also referrals by third parties and cases of self referral. The most common reasons for referral to the Health Sub Committee in 2009 and 2010 were: alcohol or drug addiction, mental or physical illness and infectious diseases.

Doctors are subject to the same illnesses as their patients. Most doctors who suffer illness will recognise that they have an illness, will seek treatment and comply with the appropriate treatments and recommendations. This may include taking time off work or indeed changing the nature of their work, either temporarily or permanently.

Doctors with health problems may recover with the appropriate treatment and where necessary, with the involvement of the relevant regulatory authority.

Therefore, the majority of doctors with health problems will have no need to have any involvement with the Medical Council or its Health Sub Committee. Unfortunately, some doctors with illness will not have such insights, may be in denial, or delay seeking treatment for some other reason. In such cases, their illness may impair their practice and indeed harm patients. It is this latter group of doctors who may be reported or referred to the Medical Council on grounds of patient safety.





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