



## What can the Medical Council do?

The Medical Council is responsible for protecting the public by promoting and better ensuring high standards of professional conduct and professional education, training and competence among doctors.

The Medical Council can look into complaints about individual doctors. Anyone can make a complaint to the Medical Council about a doctor. This includes members of the public, employers and other healthcare staff. The Medical Council may also make a complaint about a doctor.

The Medical Council's Preliminary Proceedings Committee is responsible for looking at complaints about doctors.

## What can the Medical Council not do?

The Medical Council can only look into complaints about individual doctors. The Medical Council cannot:

- Look into complaints about anyone who is not a registered doctor (for example; nurses, pharmacists, dentists, opticians, social workers, hospitals, clinics or other healthcare organisations).
- Pay you compensation or help you make a claim for compensation.
- Give legal or professional advice or representation to you.
- Make a doctor apologise to you.
- Order a doctor to do something for you such as; provide the treatment that you want, write a prescription for you or give you access to your records.
- Give you a detailed explanation of what happened to you. This can only come from the doctor or healthcare provider.
- Give or arrange medical treatment or counselling for you.

## Disclosure

In order to deal with your complaint, we will need to disclose your complaint form in its entirety to the doctor(s) concerned. If you have queries in relation to this please contact the Professional Standards Department before submitting your complaint form.

## Additional Information

Before completing this form, we recommend that you read our booklet "Making a complaint about a doctor" which is available on our website [www.medicalcouncil.ie](http://www.medicalcouncil.ie). The booklet contains information about the complaints process including information about circumstances in which complaints are referred to inquiry, referred to mediation, referred to a professional competence scheme or referred to another body or authority.

There are a number of patient support groups who may be able to assist you with your complaint. Contact details for these patient support groups can be found on our website [www.medicalcouncil.ie](http://www.medicalcouncil.ie)



## 1. YOUR DETAILS

Title

Your Full Name

Your address

Your daytime phone number

Your mobile phone number

Your email address

Your fax number

The patient's full name  
(if you are not the patient)

The patient's date of birth         The patient's gender

If you are the patient please skip to section 2. If you are not the patient please complete the following questions:

Describe your relationship with the patient, if you are not the patient.  Employer  Employee  Colleague  Relative  Patient's Solicitor  Patient's support  Other (please specify)

The patient's address



## 2. DETAILS OF THE DOCTOR(S) YOU ARE COMPLAINING ABOUT

Please give us the full name(s) of any doctor(s) you are complaining about, together with their work address, if you know it, or the address where the patient saw the doctor(s) (please continue on a separate sheet if there are more than two doctors).

Every doctor has a registration number. It would be of assistance if you could include this number on the form. You can find the registration number on the Medical Council's website [www.medicalcouncil.ie](http://www.medicalcouncil.ie)

If you cannot find the doctor's registration number, the Medical Council will search the register for the doctor.

(Doctor 1)

The doctor's name

The doctor's registration  
number (if known)

Address (if known)

(Doctor 2, if any)

The doctor's name

The doctor's registration  
number (if known)

Address (if known)





## 4. DOCUMENTS

If you have any documents, such as letters or medical records that might support your complaint, please enclose copies and list them here. If you ask us to, we will return any documents you send to us once we have copied them.

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## 5. WITNESSES

Did anyone else see or hear the things that you are complaining about? If so, please give us their names and explain how each person was involved.

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## 6. OTHER ORGANISATIONS

If you have made a complaint about this to any other organisations it would be helpful if you would complete the section below. Please note the Medical Council's consideration of a complaint is independent to any other body or organisation and your complaint will be considered by the Medical Council on its own merits.

Have you made a complaint about this to any other organisation?  Yes  No

If you have complained to another organisation please say which organisations you have complained to.

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If you complained to another organisation, please give brief details of what happened to your complaint and send us copies of any correspondence between you and them.

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## 7. CHECKLIST AND DECLARATION

### CHECKLIST

Please make sure that you have:

- Given us your name and if possible a day time telephone number.
- Given us the full name of the doctor(s) concerned.
- Described your complaint as fully as possible.
- Enclosed any other supporting documentation such as medical records.
- Enclosed any correspondence about your complaint that you have sent to, or received from, any other organisation you have complained to.
- Provided details of the hospital or surgery where the patient's medical records are held.
- Checked that all pages of this form are complete and enclosed together with any additional pages.

### DECLARATION

I declare that all information I have given in this form is, to the best of my knowledge, complete and accurate.

If you are completing this form electronically, please type your name in the signature field below.

Signature

Date

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## 8. MEDICAL RECORDS AND CONSENT

To consider your complaint we may need to obtain copies of your medical records or, if you are not the patient, the patient's medical records.

To do this we would be grateful if the patient concerned could sign the below consent section of the form, before submitting the complaint to the Medical Council to ensure efficiency in processing the complaint.

We may not need copies of the medical records but, if we do, it will save time if you give us your consent at this stage.

In order to obtain these records we need you to tell us the name(s) of the hospital or surgery holding the records that relate to the matter being complained about. We may need to share these records with the doctor and other relevant parties as part of our investigations.

Organisation's name where records are held

Organisation's address (If known)

  
  

If relevant medical records are held in more than one location, please continue on a separate sheet

### PATIENT'S CONSENT

I give permission for the Medical Council to obtain copies of my medical records for the period the Medical Council considers relevant to the complaint, and to use as appropriate in investigating my complaint.

Patient's Name

Signature

Date

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\*Please note if necessary, the Preliminary Proceedings Committee can issue a direction compelling the release of medical records

When you have completed this form please email it to us at [complaints@mcirl.ie](mailto:complaints@mcirl.ie)

Or if you do not have access to email please post it to us at:

**Professional Standards,  
Medical Council,  
Kingram House,  
Kingram Place,  
Dublin 2.**

If you require more information about how we deal with complaints please visit our website at [www.medicalcouncil.ie](http://www.medicalcouncil.ie)

or contact us on **01 4983100.**