



Comhairle na nDochtúirí Leighis
Medical Council

Annual Report and Financial Statements

2021



About the Medical Council

The Medical Council is the regulatory body for doctors. It has a statutory role in protecting the public by promoting the highest professional standards amongst doctors practising in the Republic of Ireland.

The Council has a majority of non-medical members. The 25 member Council consists of 13 non-medical members and 12 medical members. The Council receives no State funding and is funded primarily by doctors' registration fees.

The Medical Council maintains the Register of Medical Practitioners - the Register of all doctors who are legally permitted to carry out medical work in Ireland. The Council also sets the standards for medical education and training in Ireland. It oversees lifelong learning and skills development throughout doctors' professional careers through its professional competence requirements. It is charged with promoting good medical practice.

The Medical Council is also where the public may make a complaint against a doctor.



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President's Statement



Dr Suzanne Crowe
President

It is my pleasure to publish the Annual Report and Financial Statements of the Medical Council for the year ending 31st December 2021. Following another eventful year in Irish healthcare, and my first as President of the Council, I am pleased to look back at what we have achieved in this time.

I'd like to begin by thanking Philip Brady for his tremendous work leading the Medical Council following the resignation of Bill Prasifka in early 2020. Philip did a wonderful job guiding the organisation through a very unexpected situation with the emergence of Covid-19, and offered support and leadership in a calm and reassuring manner.

Philip was at the reins until April of 2021, when Leo Kearns took on the role of Chief Executive Officer. I'd also like to acknowledge Leo's first year as CEO. Taking over in the midst of a global pandemic was no mean feat, and Leo has done an admirable job, bringing vast experience and insight to the organisation.

There were several events in 2021 that impacted the medical landscape in Ireland. One of the most significant topics related to changes in access to training for non-EU doctors. Ireland is suffering a medical workforce crisis, and I saw valued colleagues who have worked for years without hope of career progression due to lack of training opportunities because of where they came from, leave this country, to the detriment of patients and hospitals. The Medical Council welcomed the changes announced by the Minister for Health, and we hope to see positive things emerging over the next few months and years.

As mentioned, there is a medical workforce crisis, and this is much evidenced through Medical Council research and subsequent reports. The numbers of doctors leaving Ireland to avail of greater opportunities and a better work-life balance elsewhere is a cause for great concern. The Your Training Counts Report, launched in December, shows issues like bullying, working excessive hours, and lack of training opportunities are driving doctors away and leading to this crisis in retention. Action must be taken to address these systemic issues, and this must be done in a collaborative, cohesive manner with all stakeholders involved. As we emerge from a truly extraordinary time in healthcare, now is the perfect opportunity to make changes for the better.

The pandemic of course also had a major impact on healthcare, and one such way that affected many people was around changes in how healthcare was delivered. There was a huge increase in the use of telemedicine for example, with a report launched in April demonstrating how usage of telemedicine services had increased five-fold between March and October 2020. Adjustments around access to healthcare like this also need to be taken into account when planning the future of the medical workforce.

When I commenced my role as President in June 2021, I said that I wanted the Council to "act as a bridge between the public accessing health services and medical practitioners,... answering the needs of patients and supporting doctors". I believe that the Medical Council has the opportunity to positively impact the delivery of healthcare in Ireland, and we are working towards doing that, to the benefit of both patients and doctors. Having been a member of Council for three years before becoming President, I know how difficult it can be to balance these needs. But through engagement, a change in culture and practical change, a shift is underway, and I look forward to seeing what we can achieve in the next twelve months.

A handwritten signature in black ink, appearing to read 'Suzanne Crowe', written in a cursive style.

Dr Suzanne Crowe
President

Chief Executive Officer's Review



Leo Kearns
Chief Executive Officer

In my first year as Chief Executive of the Medical Council, I am pleased to present this review of 2021. Coming new to this role, I believe there is an opportunity to have a long-lasting positive impact on the medical profession in Ireland, and the standard of care experienced by patients by enhancing the relationship between the public and doctors.

As the regulator of the medical profession, the Medical Council's core remit is to protect the public. While most people will be aware that this involves the investigation of complaints against doctors, this is just one of the responsibilities of the Council, which also include the maintenance of the register of doctors entitled to work in Ireland; the regulation of undergraduate, intern and specialist medical education and training; the maintenance of professional competence for doctors; and providing ethical and professional guidance to doctors.

Throughout 2021, as with all organisations, Covid continued to have an impact on Council activities. Pandemic-related restrictions meant that accreditation and inspection visits to educational and clinical sites could not take place or were severely limited, and so this activity had to take place remotely. Throughout the year, priority has been given to complaints considered to have patient safety implications, and all but one Fitness to Practise Inquiry was held remotely during 2021. The first PRES 3 Exam since the beginning of the pandemic was successfully held in November 2021. We are very conscious of the significant additional stress the Covid 19 pandemic placed on individuals and institutions right across the health system, and are extremely grateful to them for their willing co-operation with the Council throughout, and their ongoing commitment to safety.

As we moved through 2021, the focus began to shift towards more strategic issues. The Medical Council is acutely conscious of the importance of the role it plays in protecting the public and is working hard to retain the confidence of the public while enhancing the relationship between regulator and the doctor. The Council understands that it is just one part of a much larger healthcare system and knows that if it is to fulfil its remit, it must also become a catalyst for positive change across that wider system.

Over the past number of years, the Council has produced numerous reports relating to the medical workforce. Taking these reports and data from other sources into account, the Council is concerned about doctor burnout and retention, and the implications this has for patient and professional safety.

The Council is committed to working with other key stakeholders including the HSE, the Department of Health and Postgraduate Training Bodies to help address these issues in a co-ordinated way.

During 2021, the Council focused on developing a clear picture of the steps it needs to take to build its capability and capacity to fulfil its remit. This included a focus on improvements in strategic planning, governance, culture and leadership, stakeholder engagement, and operational effectiveness and efficiency. Significant work was undertaken in 2021 to prepare for the commencement of the Regulated Professions (Health and Social Care) (Amendment) Act (2020), which will introduce significant changes in the way the Council deals with complaints.

I am most grateful to the dedicated staff of the Medical Council who have welcomed me so warmly, and who continue to show extraordinary commitment to the purpose and values of the Council. I am also very appreciative of the support of all members of Council who undertake their onerous responsibilities with admirable care and rigour. In particular, I want to sincerely thank Dr Rita Doyle, who was President of the Council when I first joined, and Dr Suzanne Crowe who was elected President shortly thereafter. Both have been exceptional in their roles, and exemplars of good leadership.

Working in partnership with Council members and staff, and with our many stakeholders, I very much look forward to building on the achievements of 2021 over coming years to fulfil our remit in the interests of patients and in support of doctors.

Leo Kearns
Chief Executive Officer

Statement of Strategy 2019-2023

To deliver this strategy the Council has defined six key strategic objectives and several key actions.

The six key strategic objectives for this term are:

- 1** Ensure medical regulation protects the public and supports registered medical practitioners
- 2** Ensure consistency in application of quality assured standards across the continuum of education, training and lifelong learning
- 3** Learn from experience to enhance the delivery of an efficient and proportionate model of regulation
- 4** Improve the understanding of the role of the Medical Council
- 5** Review and recommend changes to legislation regulating the medical profession
- 6** Develop the Medical Council as an engaged, effective and empowered organisation

Vision, Mission, Values

Vision

Safe, high quality patient care, public confidence in the medical profession and leadership in healthcare

Mission

To set, monitor and promote professional standards that support the delivery of high quality, safe patient care and best patient outcomes

Values

Advocating for patients and **supporting** medical practitioners in a changing healthcare environment

Acting with **independance**, **fairness** and **integrity**

Being **open** and **transparent**

Building **trust** and **respect** between medical practitioners, patients and the Medical Council

Leading and **influencing** healthcare

Taking **accountability** for our decisions and actions

Achievements under the Statement of Strategy 2019 – 2023 in 2021

Strategic Objective

1

Ensure medical regulation protects the public and supports registered medical practitioners

- The Medical Council reinstated the risk-based mechanism to monitor Registered Medical Practitioners' Maintenance of Professional Competence. Compliance with the requirement of enrolment in a Professional Competence Scheme increased from 90 percent to 98 percent.
- Four Fitness to Practise inquiries relating to Maintenance of Professional Competence non-compliance were supported.
- There were 16 matters considered by Council under section 60 of the Medical Practitioners Act, 2007 i.e. the Council decided whether to make an application to the High Court to suspend a medical practitioner's registration temporarily if such an application was considered necessary to protect the public. Undertakings were given to Council in 6 matters, 5 matters were referred to the High Court, where 3 resulted in section 60 suspensions and 2 where undertakings were given to the High Court in lieu of suspension, 5 matters resulted in no action being taken by Council.
- In 2021, 233 new complaints were opened and considered by the Preliminary Proceedings Committee ('PPC'). While many complaints relate to one medical practitioner, 28 of the complaints opened in 2021 relate to two or more medical practitioners. In 2021, the number of medical practitioners against whom a complaint was made was 287.
- The number of new complaints opened in 2021 demonstrates a decrease of approximately 16.5% on the number of complaints received in 2020 (279).
- In addition to new complaints opened in 2021, 304 complaints were carried over from previous years, that is complaints where investigations are extensive and ongoing. Therefore, the total number of complaints which were considered by the Preliminary Proceedings Committee throughout the year was 537. The Committee formed an opinion in relation to 247 of those matters during the period to end of December 2021.
- Of this, in 207 complaints the Preliminary Proceedings Committee formed the opinion that there was no prima facie evidence to warrant further action. 40 complaints were referred to the Fitness to Practise Committee (FtPC).
- Since May 2020, as a result of Covid-19 restrictions, the Preliminary Proceedings Committee has continued to meet remotely via Zoom. To facilitate the Committee's sizable agenda, the remote meetings are scheduled across two days.
- The Complaints and Investigations Team also continued to liaise with regulatory counterparts in other jurisdictions to provide and receive disciplinary information in relation to registered medical practitioners, and take appropriate action as necessary.
- In 2021, the Corporate Governance Team supported 20 Extraordinary Council Meetings, in addition to 12 scheduled meetings.

Strategic Objective

2

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

- The Medical Council progressed work relating to the development of continuing professional development (CPD) accreditation standards for the medical profession. Phases Two and Three of the project were successfully completed.
- The Education and Training Committee (ETC) adopted the Quality Qualifications Ireland (QQI) Accreditation Principles and has encouraged medical schools and postgraduate training programmes to adopt their principles relating to providers of education and training.
- Policies regarding Composition of Assessor Teams and Conflict of Interest for Assessor Teams were revised in 2021.
- 12 Action and Implementation Plan (AIP) meetings were held in 2021 with two medical schools, five postgraduate training bodies, two hospitals and three Hospital Groups.
- The Executive developed a Project Initiation Document for Phase One of a substantial E&T Change Programme to commence in 2022.
- A new 5-year cycle of undergraduate accreditations for 2022-2026 was approved.
- The Information Guide to Undergraduate Accreditation Process, Information Guide for Students and the Undergraduate Accreditation Report Template was revised and updated in 2021.

Strategic Objective



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

- A Draft strengthened Maintenance of Professional Competence Framework Model was developed and agreed by the Medical Council.
- The current Arrangements between Professional Competence Scheme operators and the Medical Council were extended for two years to allow time to develop all supporting elements for the new Maintenance of Professional Competence Framework Model.
- Work was initiated on a revised set of Rules for the Maintenance of Professional Competence incorporating the Framework Model.
- The Council is undergoing a significant change programme, and changes are planned to significantly improve the function of the complaints process, including:
 - Team reconfiguration and training in line with upcoming legislation and change programme
 - Development of effective Key Performance Indicators as part of the legal case management system to ensure complaints are processed effectively, and complaint statistics are recorded in a transparent and useful manner, based on case types and volume
 - An effective triage system to categorise complaints on receipt, and to ensure appropriate streaming and management of complaints with a focus on risk-based regulation
 - A full review of Preliminary Proceedings Committee processes and procedures in line with current and incoming legislation
 - Several key changes to the legislative framework underpinning the Complaints & Investigation process will be enabled by the Regulated Professions Act 2020. A key part of this change programme will be to ensure the provisions of this Act are implemented effectively and in a timely manner. This will be dependent on legislation commencement dates

Strategic Objective

4

Improve the understanding of the role of the Medical Council

- The Corporate Governance team facilitated an interactive session with Council in September covering themes such as patient advocacy, the impact of stress on medical practitioners, the experience of a medical practitioner going through the complaints process, and the supports available to medical practitioners from the Health Committee.
- The Medical Council published the report of its Working Group on Telemedicine, in a time when telemedicine played a central role in caring for patients.
- The Medical Council launched a wellbeing campaign for medical practitioners that focused on the importance of medical practitioners caring for themselves, having a GP and seeking support when needed, in order to continue to care for and treat their patients safely.
- The President and CEO were involved in a number of presentations to external stakeholders on the purpose and functions of the Medical Council.
- Engagement with the Houses of the Oireachtas continued throughout the year.
- Enhancements were made to the Medical Council's website, including layout optimization and easier navigation and social media presence was maintained and further developed throughout the year.

Strategic Objective

5

Review and recommend changes to legislation regulating the medical profession

- The Complaints and Investigations Team, in particular its legal staff, worked closely with the Director of Legislative Affairs and the Department of Health in suggesting focused change to existing legislation which will impact the complaints process.
- A number of meetings between the Complaints and Investigations legal team and Department of Health took place in 2021 to discuss such strategic change.
- Substance and content for such proposed change is based on interrogation of Complaints and Investigations Team feedback from complaint parties, examination of approaches in other jurisdictions, and research on potential improvements to the complaints process.
- A phased commencement of the Regulated Professions (Health and Social Care) Amendment Act 2020 began, and the Medical Council commenced implementation of the relevant changes.
- The Council continued to prepare for the remaining amendments. The 2020 Act will bring in a number of changes to the Medical Council's processes, but most significantly to the complaints process.
- The development of new procedures and guidelines was ongoing in respect of the new complaints process.

Strategic Objective

6

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

- The Corporate Governance team continued to support the running of the Overprescribing Working Group. The purpose of this group is to examine patient safety concerns around the prescribing practices of benzodiazepines, pregabalin, Z drugs and opiates to enable the Council to make healthcare policy recommendations and to support medical practitioners in the area of safe prescribing. Meetings of the Overprescribing Working Group continued to occur approximately once every quarter and required the collaboration and engagement of all of the stakeholders in order to continue to progress on issues of safe prescribing.
- The Medical Council implemented a rolling term of office for ten Council members in an effort to minimise loss of corporate memory, culture and consistency in approach and decision making.
- The Corporate Governance Team facilitated the rolling term of office by supporting the Department of Health in identifying and appointing new members and delivered a comprehensive induction programme for the incoming members.
- The Corporate Governance Team facilitated the election of a new President following the end of Dr Doyle's term of office.
- There were 5 casual vacancies filled arising from the resignation of Council members in 2020 and 2021.
- The Research Team undertook a report highlighting the challenges and benefits of telemedicine complementing traditional face to face patient care. The impact of the pandemic made this report even more relevant.
- A telemedicine working group was formed by the Medical Council to examine the challenges and benefits of telemedicine. The impact of the pandemic made the report developed and published by the working group even more relevant.
- During 2021 a new Human Resource Management System (HRMS) for Medical Council staff was developed and implemented by the Executive.
- Enhanced ICT software was developed and implemented by the Executive to protect remote workers from malware and cyberattacks.

Council Members as of 31st December 2021



Dr Suzanne Crowe
President



Dr Thomas Crotty
Vice President



Ms Vicky Blomfield



Dr Anthony Breslin



Ms Teresa Bulfin



Ms Marie Culliton



Dr Mary Davoren



Mr Ian Drennan



Professor Paul
Finucane



Mr John Gleeson



Mr Paul Harkin



Professor
John Hyland



Ms Jill Long



Professor
Marina Lynch



Dr Michael McGloin



Professor Joe
McMenamin



Mr Bill Maher



Dr Aoife Mullally



Mr John Murray



Dr Margaret
O'Riordan



Mr Jim O'Sullivan



Professor
Mary O'Sullivan



Mr Ronan Quirke



Professor Edna Roche

Council members appointed during 2021

Mr Ian Drennan
Ms Marie Culliton
Professor Joe McMenamin
Mr Bill Maher
Dr Mary Davoren

Council members who resigned during 2021

Mr Joe O'Donovan
Dr Maeve Moran

There was one Vacancy on Council as at 31 December 2021, a Medical Member/ co-opted (not being a consultant, practising medicine in hospital).

As required under the Code of Practice for the Governance of State Bodies the Corporate Governance team facilitated the Annual Self-Assessment and Council noted improved results when compared to the previous two years.

Senior Leadership Team



Leo Kearns

Chief Executive Officer



Philip Brady

Director of Strategic Projects and Registration



Jantze Cotter

Director of Professional Development and Research



William Kennedy

Director of Regulation



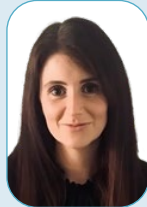
Úna O'Rourke

Director of Education and Training



Katie Mulroy

Director of Complaints and Investigations



Roseanne Fox

Head of Finance



Alan Gallagher

Head of Communications and Stakeholder Engagement



Marion Mitchell

Head of Human Resources



Johanna Morris

General Counsel



Ruth Rock

Associate General Counsel



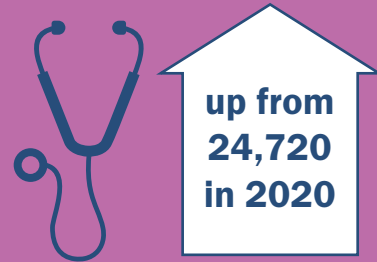
Ann Curran

Head of Registration

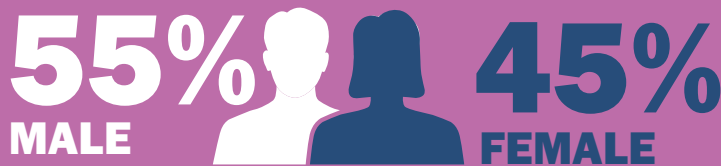
2021 in Numbers

25,953

DOCTORS ENROLLED ON THE REGISTER



Medical Workforce Breakdown



36%

of registered doctors are
35 YEARS OLD OR YOUNGER



43%

**DOCTORS ON
THE SPECIALIST
DIVISION**

38%

increase in number
of registered doctors
over the past ten years



59%

of registered doctors
received their
qualification in Ireland



15%

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



233

**COMPLAINTS
OPENED**

26%

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



Impact of Covid-19 in 2021

As with 2020, the impact of Covid-19 on the Council can be said to have challenged the organisation, tested its ability to conduct business but demonstrated that the Medical Council was effective in tackling those challenges and adapted well to new ways of working, while continuing to enhance our remote capabilities.

The Medical Council offices in Kingram House remained closed to the majority of staff and to the public since 16th March 2020, when the office had to close due to a potential Covid-19 case, a few days before national restrictions were put in place. While a small staffing presence had been maintained at Kingram House, post the initial close down, most staff were required to work from home during 2021. The Council has temporarily relocated to Europa House to allow for mechanical, electrical and minor refurbishment works in Kingram House.

At various points in 2021, in between the various restrictions, small numbers of staff began to return to the office for short periods of time in accordance with our health and safety plans and Covid policies.

During 2021, Council meetings, Committee meetings and staff meetings all continued remotely.

Throughout 2021, the Medical Council diligently adhered to public health guidance in relation to Covid-19.

Fitness to Practise

The Council has mainly been using online platforms, for most of 2021 to hear Fitness to Practise Inquires remotely. This has allowed the Council to continue Fitness to Practise Inquiries thereby allowing the Council to address the backlog of cases waiting to be heard.

In total 25 inquiries were heard in 2021; 24 remotely and one inquiry was held as a hybrid – both socially distanced in line with public health guidelines and some participants involved remotely.

High Court confirmation hearings have been heard both in person and remotely in line with public health restrictions at the point in time.

Complaints and Investigations

Since the onset of the COVID-19 pandemic, given the Medical Council's regulatory role and the unprecedented pressure doctors are facing during this period, the decision was taken by the Medical Council to adapt flexibly to its regulatory role, including its complaints process. This approach has been publicised on the Medical Council website for stakeholders. The Complaints and Investigations Team have prioritised essential hearings and actions, and complaints which pose a high risk to patient safety since the onset of the pandemic. Cases which do not pose a high risk to patient safety have been triaged and are opened on an ongoing basis when capacity allows. The Preliminary Proceedings Committee continues to meet remotely, and complaints are progressing. On occasion there have been delays in receiving submissions, reports or records due to the impact of COVID-19 in the health service.

Professional Competence, Research & Ethics Directorate

In 2021, Performance Assessment functions continued to be hampered by Covid-19 restrictions, most notable were those requiring site visits. However, activities that could be delivered remotely were identified and progressed. While some areas of assessment may be suited to ongoing remote approaches, other aspects require on-site assessment.

Education & Training Directorate

There were some delays and major issues impacting the delivery of a number of Education and Training business plan objectives due to the combination of Covid-19 restrictions and the complex nature of the Review of Standards project and the specialty recognition process.

Two which faced major issues included:

- Determining which Anatomy Departments should receive priority in the inspection cycle
- Completing the inspection process for clinical training sites

One objective which encountered a minor issue was the complete accreditation process for 1 undergraduate and 13 postgraduate medical education and training programmes which were subject to constraints due to Covid-19. One undergraduate and eight postgraduate accreditations were completed.

Registration Directorate

Registration continued to work remotely and provided a full-service including call handling services. Due to the pandemic, Pre-Registration Examination System (PRES 3) exams were cancelled. The PRES 3 is primarily a test of knowledge and clinical skills in the main clinical disciplines of Obstetrics & Gynaecology, Paediatrics, Psychiatry, Surgery, and Medicine/General Practice. Medical practitioners who have trained outside of the EU or EEA and who intend pursuing registration in the general or trainee specialist division of the Medical Council's register may be required to sit the exam. The first sitting of the PRES 3 examination since Autumn 2019 took place in November 2021.

In response to the Covid-19 pandemic, the Government introduced emergency legislation whereby previously registered medical practitioners could apply to restore their name to the register in order to assist with the HSE's "Be on call for Ireland" campaign. This was a temporary registration and was due to expire on 30th June 2020 but due to the ongoing pandemic, it was extended to 30th June 2022. In December 2021 the Medical Council wrote to 277 medical practitioners advising that covid registration was being extended until 30th June 2022.

For first-time applications, there continued to be minor delays in processing some applications, such as delays in supporting documentation coming from other competent authorities, for example, certificates of good standing, etc.

To address some system limitations a new registration database and system was being implemented with testing and development throughout 2021 and a first phase go-live date in Q1 2022 was planned for.

Return to office-based working

The Medical Council moved to temporary accommodation during the pandemic to enable the upgrade of mechanical, electrical and minor refurbishment works in Kingram House. This work is necessary to facilitate lease and legislative requirements. The pandemic has had a significant delay on the tender, and commencement of the related works.

The Medical Council has been working with reduced staff numbers onsite in compliance with Government and Public Health guidance. This has impacted across all aspects of the Executive's functions. With restrictions lifting, staff were returning to onsite working. The Council has been preparing a Hybrid working policy which defines the criteria to facilitate a mix of onsite and offsite work. This is still under development, but staff are returning to the office based on business requirements. A total remote working model would impact on business efficiency, collaboration, and organisation culture.

Risk Management

In preparation for the roll out of risk management software, the Executive began a review of all risk descriptors, controls and rankings. Two new risk registers were created to reflect internal organisational change, and risks related to Covid-19 were removed or downgraded to reflect the adaptability of the Medical Council to a change in its working model.

Health & Safety

Throughout 2021, the Medical Council diligently adhered to public health guidance in relation to Covid-19. The Medical Council continued to comply with the Safety, Health and Welfare Act 2005 (as amended) and the Safety, Health and Welfare at Work (General Application) Regulations 2007-2020. The Medical Council operates robust health and safety policies and procedures for staff working on-site or remotely and for members of the public who wished to attend the Medical Council offices during 2021.

Registration

In 2021, the Registration team continued to work remotely due to the pandemic, providing a full service to medical practitioners, including call handling facilities.

This year saw 25,953 medical practitioners registered with the Medical Council, a substantial increase of 5% on the number registered in 2020, and 38% increase over the past 10 years, when 18,812 medical practitioners registered in 2011.

Due to Covid-19, the Pre-Registration Examination System (PRES 3) exams were cancelled in 2020. The PRES 3 is primarily a test of knowledge and clinical skills in the main clinical disciplines of Obstetrics & Gynaecology, Paediatrics, Psychiatry, Surgery, and Medicine/General Practice. Medical practitioners who have trained outside of the EU or EEA and who intend pursuing registration in the general or trainee specialist division of the Medical Council’s register may be required to sit the exam. The first sitting since Autumn 2019 took place in November 2021. 78 candidates residing in Ireland were invited to sit the exam. 54 medical practitioners completed the exam, where 47 passed and seven failed.

In response to the Covid-19 pandemic, the Government introduced emergency legislation whereby previously registered medical practitioners could apply to restore their name to the register in order to assist with the HSE’s “Be on call for Ireland” campaign. This is a temporary registration and was due to expire on 30th June 2020, but due to the ongoing pandemic, this was extended to 30th June 2022. In December 2021, the Medical Council wrote to 277 medical practitioners to advise that Covid-19 registration was being extended until 30th June 2022.

PRES Statistics	Pass	Fail	Total
2021	47	7	54

The Department of Health approved a period of overlap and an increase in the number of intern places for 2021, similar to the emergency measures put in place in 2020. Intern posts were increased to 854, an increase of 120 posts. Following on from the positive feedback received in 2020, the additional week overlap was again provided to allow new interns to shadow outgoing interns and familiarise themselves with their new workplace.

Table A – Number of doctors on the Register

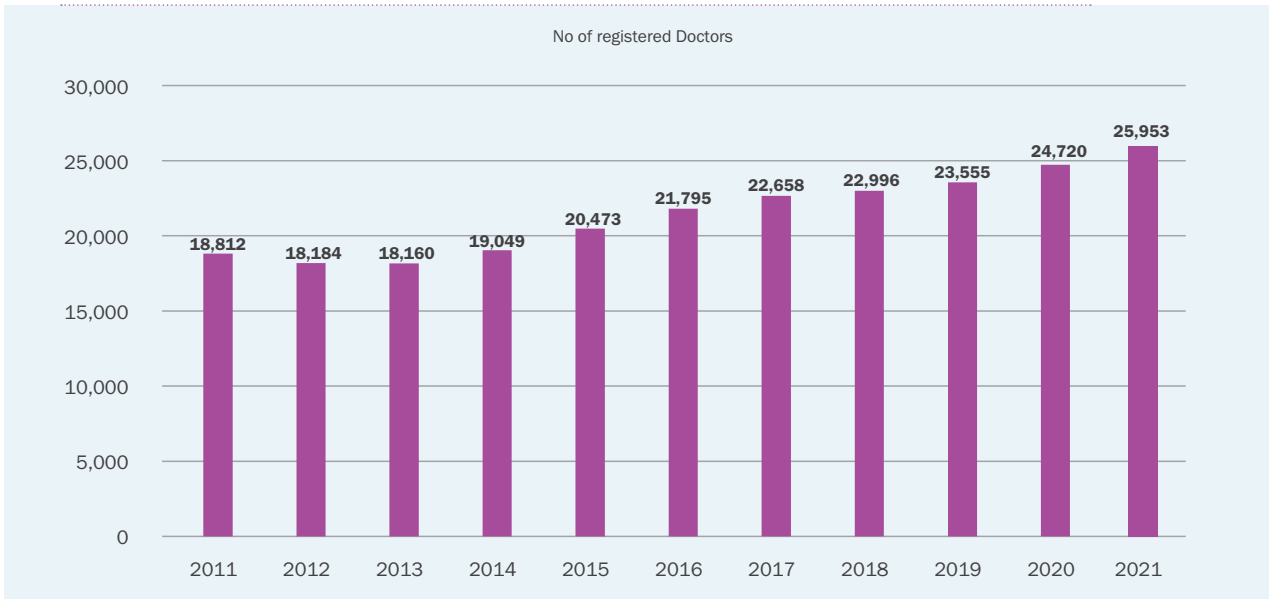


Table B – Age and Gender Analysis

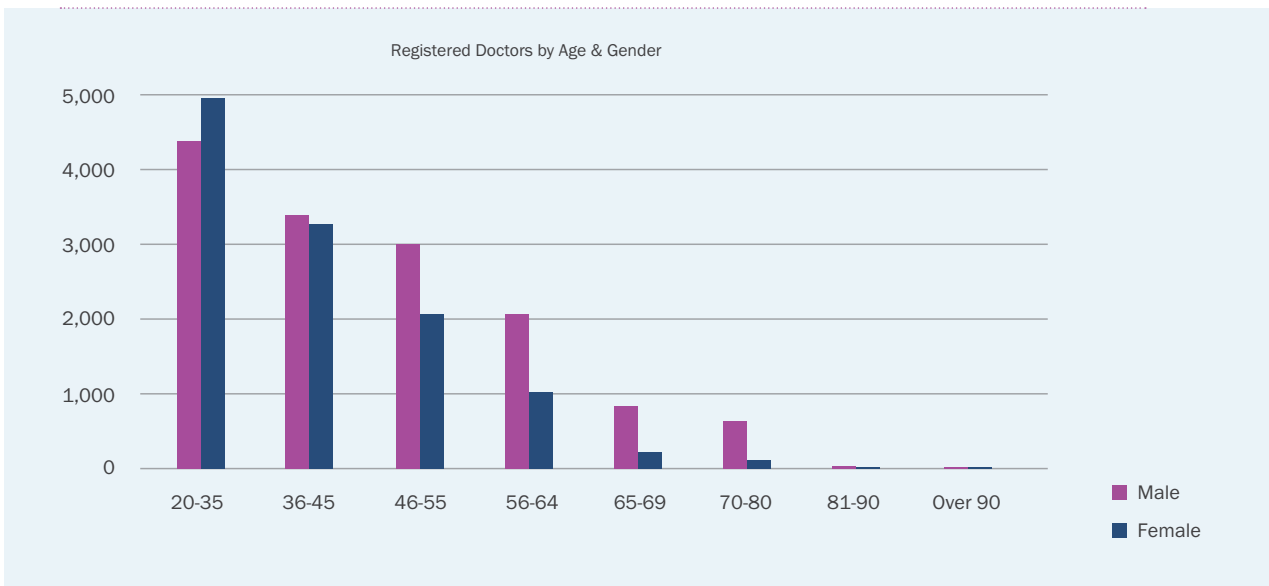
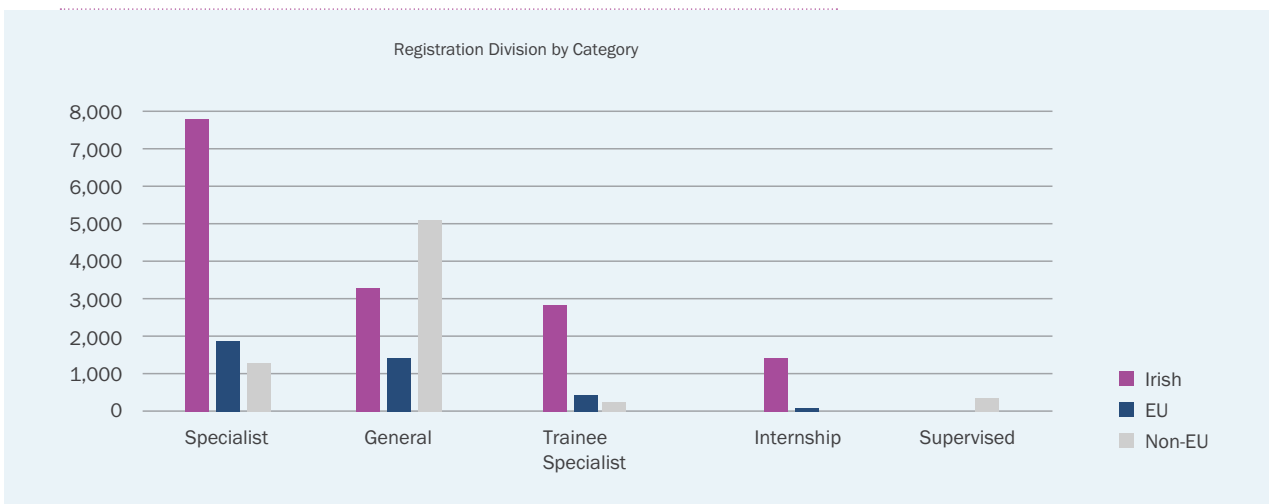


Table C – Doctors holding full registration by Category



Professional Standards – Complaints and Investigations

One of the core functions of the Medical Council as a regulator, is the consideration of complaints against medical practitioners. The Medical Council acts in the public interest, and can ultimately impose restrictions on a medical practitioner’s registration, which would restrict or remove a medical practitioner’s right to practise medicine in Ireland.

The Medical Council can only take action in respect of a medical practitioner’s registration where complaints involve serious failings on the part of the medical practitioner.

The Complaints and Investigations Team liaises with complainants and registered medical practitioners in relation to complaints against medical practitioners in the initial stage of the Medical Council’s complaint process – i.e. the stage where complaints are before the Preliminary Proceedings Committee.

Role of the Preliminary Proceedings Committee

The Preliminary Proceedings Committee is the committee appointed by the Medical Council to consider complaints against medical practitioners as they are received. The Committee is made up of both Council and external members, and has a mix of both medical members and lay members.

The Committee gives initial consideration to complaints to identify those complaints where there is a prima facie case to warrant further action being taken (i.e. a referral to a Fitness to Practise inquiry), those complaints which do not warrant further action being taken, and those complaints which can be dealt with by another body, referral to a professional competence scheme, mediation or other informal means.

A large number of complaints are received each year, and a large number of investigations are directed by the Committee in respect of these complaints.

The Committee is assisted by members of the Executive, in particular in-house solicitors who provide legal guidance and advice in respect of relevant legislation and procedural matters; case officers, who carry out investigations at the direction of the Committee; and regulation officers who provide essential administrative support to the Committee and the Executive team.

The Executive team prepares documentation for each Committee meeting, deals with correspondence following those meetings, and drafts the arising minutes for approval. The case officers update the medical practitioner(s) and complainant(s) throughout the course of the investigation, and communicate the Committee’s decision at the determination stage of the complaint.

Where required, the Executive team is also charged with escalating serious patient safety complaints to the Medical Council for consideration of matters pursuant to section 60 of the Medical Practitioners Act 2007 (potential application for suspension of a medical practitioner’s registration).

In carrying out its role, the Committee generally meets every 4-6 weeks to consider complaints, as well as other issues that may arise during the course of ongoing investigations.

Covid-19 and the Preliminary Proceedings Committee

The Medical Council and the Preliminary Proceedings Committee were mindful of the continued impact of the Covid-19 pandemic on medical practitioners, the public and Medical Council staff, throughout 2021.

With specific regard to the Medical Council’s regulatory role, and in light of the unprecedented pressure many medical practitioners faced during this period, the decision was taken by the Medical Council in 2020 to adapt flexibly to its regulatory role, specifically in its complaints process and continuing professional development monitoring requirement. This approach prioritises patient safety, as always.

The Medical Council issued a statement as to its intention to adapt flexibly on its website, in line with the actions of many other regulatory bodies.

As a result, the Medical Council as part of both its Preliminary Proceedings Committee and Fitness to Practise processes, continued to prioritise the following in order to protect the public:

1. Essential hearing and actions, i.e. suspension orders required to protect the public

2. Complaints which pose a high risk to patient safety

All other casework continued to the best of the ability of the Preliminary Proceeding Committee and the Executive team. The Medical Council had specifically stated that it wished to endeavour to minimise any impact on parties involved in the provision of healthcare as the impact of the pandemic continued. This means that certain complaints have not been in a position to be processed efficiently, or at all at certain times. The Preliminary Proceedings Committee's Executive team has communicated with complainants and stakeholders involved in the complaints process in this regard and supported all parties as best they could at this time and onwards.

Since May 2020, as a result of Covid-19 restrictions, the Preliminary Proceedings Committee has continued to meet remotely via Zoom. To facilitate the Committee's sizable agenda, the remote meetings are scheduled across two days.

Any complaints considered by the Committee also acknowledge the specific facts and particular situations in which medical practitioners are working, including relevant ethical frameworks/guidelines that are in place within the healthcare environment.

In 2021, 233 new complaints were opened and considered by the Preliminary Proceedings Committee. While many complaints related to one practitioner, 28 of the complaints opened in 2021 related to two or more practitioners. In 2021, the number of medical practitioners against whom a complaint was made was 287.

The number of new complaints opened in 2021 demonstrates a decrease of approximately 16.5% on the number of complaints received in 2020.

In addition to new complaints opened in 2021, 304 complaints were carried over from previous years, that is complaints where investigations are extensive and ongoing. Therefore, the total number of complaints which were considered by the Preliminary Proceedings Committee throughout the year 2021 was 537. The Committee formed an opinion in relation to 247 of those matters during the period to end of December 2021. Of this number, in 207 complaints the Committee formed the opinion that there was no prima facie evidence to warrant further action. 40 complaints were referred to the Fitness to Practise Committee (FtPC).

Regulated Professions (Health and Social Care) Amendment Act 2020

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

The primary changes to the Committee's process under this new legislation will allow for complaints to be made to the CEO of the Medical Council, rather than the Preliminary Proceedings Committee; it will allow the Committee to sit in subcommittees; and allow it to accept undertakings from medical practitioners, e.g. not to repeat the conduct complained of. It is hoped these significant changes will be of benefit to all stakeholders involved in the complaint process, and improve the efficiency and proportionality of the complaints process generally.

The Medical Council have long anticipated and now welcome the changes to the Medical Practitioners Act 2007, and the Complaints and Investigations Team and the Preliminary Proceedings Committee look forward to the efficiencies and advantages the 2020 Act will bring. New procedures and guidelines are being prepared by the Complaints and Investigations team in respect of the new complaints process, all relevant legal input is being obtained, and operational resources are being put in place to allow for smooth implementation. The Complaints and Investigations Team looks forward to working with all its stakeholders in introducing the new complaints process, and will provide advance notice of commencement dates as appropriate. The Medical Council continues its discussion with the Department of Health on commencement dates and will update all stakeholders in due course.

Professional Standards – Fitness to Practise

The Fitness to Practise Committee is established under section 20(2) of the Medical Practitioners Act 2007 to hold inquiries into complaints referred by the Preliminary Proceedings Committee.

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

Of the 25 inquiries completed during 2021, 24 were completed remotely and one in person. Initially, all remote inquiries were conducted over the Zoom platform, but during the course of the year, Council moved to a dedicated hearings platform, which has been utilised successfully since.

Role of the Fitness to Practise Committee

If the Preliminary Proceedings Committee, having investigated a complaint, considers it serious it will refer the complaint to the Fitness to Practise Committee (‘FTPC’) for a hearing. The Fitness to Practise Committee is the committee of Council that hears evidence and decides on the guilt or innocence of medical practitioners against whom allegations of professional misconduct or poor professional performance, as the case may be, have been made.

Statistics on complaints, findings and outcomes can be found in the Appendices

- Origin of complaints
- Complaints by gender
- Complaints by division of the Register
- Complaints by age range
- Area of Qualifications
- Types of complaints received
- Complaints considered by PPC
- Fitness to Practise Inquiries
- Inquiries Held
- Outcomes
- Public/Private
- Sanctions Imposed
- Legal Representation
- Reasons for Private Hearings
- Section 60 Applications
- Monitoring Committee
- Health Committee

Professional Competence

Maintenance of Professional Competence

In 2020, the Medical Council convened a Working Group to advance the development of a revised Maintenance of Professional Competence framework model for registered medical practitioners to better facilitate engagement in lifelong learning activities relevant to scope of practice. A strengthened Maintenance of Professional Competence Framework Model which includes planning, practice review, work-based learning and continuing medical education elements was prepared. This draft Framework Model will go for consultation in 2023.

The new Framework Model will also include a set of continuing professional development accreditation standards. In 2021, the Medical Council led ongoing work to develop a set of continuing professional development accreditation standards in collaboration with the Accreditation Council for Continuing Medical Education. Phases Two and Three of the project were successfully completed. These involved obtaining feedback from the community of continuing professional development providers to identify possible challenges and opportunities that exist with implementing continuing professional development accreditation standards in Ireland.

The Medical Council extended the current Arrangements with Professional Competence Scheme operators to allow time to develop all supporting elements for the new Maintenance of Professional Competence Framework Model. Work was initiated on a revised set of Rules for the Maintenance of Professional Competence, Arrangements between the Medical Council and Scheme operators, and development of draft continuing professional development accreditation standards.

The Medical Council reinstated the risk-based mechanism to monitoring Registered Medical Practitioners' Maintenance of Professional Competence. Through a proportionate regulatory approach, compliance with the requirement to be enrolled in a Professional Competence Scheme increased from 90% to 98%. The Medical Council will continue to engage with registered medical practitioners to drive enrolment rates in 2022.

Work is also ongoing to transition the Scheme enrolment monitoring to the new PRISM database. PRISM is the Medical Council's registration maintenance and information management system. During 2021, the Professional Competence Team supported four Fitness to Practise inquiries relating to Maintenance of Professional Competence non-compliance.

Overview of Performance Assessment 2021



Performance Assessment

Performance Assessment is designed to be a supportive developmental process where a medical practitioner participates in an independent assessment of their performance within the wider context of their practice. The process looks at current practice, identifies areas for development and supports the medical practitioner's practice-development through an Action Planning process. The assessment focuses on the eight domains of good professional practice.

In 2021, Performance Assessment functions continued to be hampered by Covid-19 restrictions, most notable were those requiring site visits. However, activities that could be delivered remotely were identified and progressed. While some areas of assessment may be suited to ongoing remote approaches, other aspects require on-site assessment.

Assessor Recruitment

Performance Assessors are called upon to participate in assessments.

A need was identified to increase this pool of performance assessors both in terms of number and medical speciality/background.

In 2021 a recruitment process was initiated with a view to increasing the pool of trained assessors. The process involved

- Expression of interest process
- Shortlisting of applicants
- Assessor training, which was delivered remotely

Research

Medical Workforce Intelligence Report

The Research Team commenced analysing and collating data for the 2021 Workforce Intelligence report, which is derived from analysis of the annual retention, registration and voluntary withdrawal data. This report, to be released in 2022 highlights key risks and proposed actions to address issues.

This report is in line with the following elements of the strategy:

- 3.2 Analyse and use relevant information (internally and externally) in a targeted way, to better inform decisions
- 3.3 Collaborate with stakeholders to encourage sharing of information, experiences and joint learning
- 4.3 Outline and share the Medical Council's methodologies, operations and processes to key stakeholders
- 4.4 Publish and promote relevant Medical Council activities

Your Training Counts

The Your Training Counts survey 2019/2020 was produced and launched in 2021. The completion of the survey by trainees provided important data to assist the Medical Council in supporting upstream regulatory action, including inspections of training sites, development of tools to support improved communication and action to address bullying and burnout. This is in line with Strategic Objective 2.5 of the Statement of Strategy, i.e.

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

The report documented the experiences of trainee medical practitioners and interns in the Irish healthcare system and examines working conditions, experiences of bullying, retention and career plans, and health and wellbeing of medical practitioners on training schemes.



Telemedicine Report

The Research Team undertook a report highlighting the challenges and benefits of telemedicine complementing traditional face to face patient care. Prior to this, the Medical Council had a number of concerns about telemedicine before the pandemic and a Working Group was established to examine these issues. However, the impact of the pandemic made this report even more important. Its findings should be considered in the context of the future of healthcare delivery in Ireland.

The report included a systematic review of the literature on the topic and incorporated insight into the effectiveness of telemedicine in other jurisdictions such as New Zealand, Australia, Canada and the United Kingdom, where telemedicine has greatly enhanced healthcare for those living in remote areas, among others. The report also included findings from a consultative forum with invited representation, consultation with members of the medical profession and patient advocates and also commissioned public opinions research into attitudes relating to telemedicine.

Guide to Professional Conduct and Ethics

The Research Team undertook a public consultation on the Guide to Professional Conduct and Ethics. The findings were developed into a comprehensive report, which was circulated for Committee members review and feedback was presented along with key themes. The Research Team made numerous contributions to the Ethics Committee throughout 2021.

Research and Data Strategies

The Research Team commenced plans to develop an organisational Research Strategy and Data Strategy, and undertook reflection and development to support this process, as well as engagement with external stakeholders.

Policy Consultation and Review

An all-organisational Submission on Open Disclosure was developed for the HSE's Open Disclosure Policy Revision 2021. This was supported by a review undertaken by the Research Team, 'Open disclosure: Best practice in the international regulatory context'.

A consultation undertaken by the Research Team, 'Consultation on Continuity of Care with Patient and Doctor Representative Groups', was shared with the Department of Health and other key stakeholders.

The Research Team also undertook a review of transitions in care, 'Transitional Care: An investigation into Transitions in Healthcare in the Irish and International Contexts'. This paper outlined the case for clear, transparent and timely communication, as employed internationally, between care settings is key to better support a seamless continuum of care for patients, supporting them to continue their care journey for the best and safest possible outcome.

Engagement with External Researchers

The Medical Council are collaborators on a study, *Health and Wellbeing Effects of the Disciplinary Process on Doctors in Ireland*. This research, funded by the Irish Research Council, explores the experiences and perceptions of medical practitioners of the disciplinary process, and possible health or wellbeing effects relating to same. The findings will provide an understanding of the impact of disciplinary processes on medical practitioner's health and well-being and assist in raising awareness of these issues for all parties with a shared interest.

Conferences

The Research Team presented at the International Association of Medical Regulatory Authorities annual conference, as well as at the National Patient Safety Conference.

Education and Training

The Education and Training Team develops, monitors and reviews the rules, guidelines and standards in relation to medical education and training for basic and specialist medical qualifications in Ireland. Its work is governed by the Education and Training Committee of Council.

Policies

Policies regarding Composition of Assessor Teams and Conflict of Interest for Assessor Teams were revised in 2021. A new policy was also developed in relation to Third party input to accreditation processes. The Education and Training Committee also decided to adopt the Quality Qualifications Ireland (QQI) Accreditation Principles and has encouraged medical schools and postgraduate training programmes to adopt their principles relating to providers of education and training.

Documents

The Information Guide to Undergraduate Accreditation Process, Information Guide for Students and the Undergraduate Accreditation Report Template was revised and updated in 2021. The Education and Training Committee also approved a new single Guidance for Assessors document which can be used across the entire spectrum of medical education and training, a new Information Guide for Postgraduate Training Bodies and an Information Guide for Trainees.

Accreditation Reports

Undergraduate accreditation reports for the UCD Direct Entry and Graduate Entry medical degree programmes and the RCSI Medical University Bahrain Direct Entry medical degree programme were approved by the Education and Training Committee. Postgraduate accreditation reports were approved for Medical Ophthalmology, Pathology (Clinical Microbiology, Haematology, Immunology, Histopathology, Neuropathology & Chemical Pathology) and Anaesthesiology.

Accreditations were also undertaken in 2021 for postgraduate programmes in Radiology, Radiation Oncology, Psychiatry (General Adult, Old Age, Learning Disability, Child & Adolescent), Oral and Maxillofacial Surgery and Sports & Exercise Medicine and these reports will be ready for decision in 2022.

Anatomy

The Medical Council is the licensing authority for the practice of anatomy in the State. In 2021, 78 donations were made through the donor programmes at the five anatomy schools in Ireland. This was an increase of 40 in comparison with 2020 when 38 donations were made.

Medical School	No. of anatomical donations received in 2021
National University of Ireland, Galway	0
Royal College of Surgeons in Ireland	20
University College Dublin	22
University College Cork	29
Trinity College Dublin	7
Total	78

In 2021, Anatomical Returns Data Analysis was completed by the Inspector of Anatomy and approved by the Education and Training Committee. Two applications for change of licence holder for UCC and TCD were also approved during the year.

Processes

Having addressed a small number of conditions attached to the World Federation for Medical Education recognition of the Medical Council of Ireland as an Accrediting Agent, these conditions were removed. A new 5-year cycle of undergraduate accreditations for 2022-2026 was also approved.

Online Assessor Training was completed by three Education and Training Committee members, five Assessors and three members of the Executive in 2021. EU Directive Training was completed by three Education and Training Committee members, four Assessors and five Executive members.

Monitoring

Having set up new Monitoring Assessor Panels for both undergraduate and postgraduate Annual Returns processes in 2020, these processes were refined throughout 2021 and Reports were produced following their analyses. The Monitoring Assessor Panels also revised the Annual Returns forms, which had been issued earlier than previous years, in response to feedback received from the medical schools and bodies.

12 Action and Implementation Plan meetings were held in 2021 with two medical schools, five postgraduate training bodies, two hospitals and three Hospital Groups.

Four significant change notifications were received for postgraduate training programmes as part of the annual returns process. These were considered by the Monitoring Assessor Panel and the recommendations made were approved.

The Education and Training Committee also removed a condition attached to one postgraduate programme as the condition had been met.

Stakeholder Engagement

The Medical Council conducted seven Consultative Forum meetings with key stakeholders in the second quarter of 2021. The Education and Training Committee received presentations from the Executive on the outcomes/themes from Consultative Fora, which informed the identification of four key pillars for the Education and Training Change programme.

The Council held three meetings with the Irish Medical Schools Council, three Intern Network Executive meetings and one Tripartite (Medical Council, National Doctors Training and Planning, Forum of Postgraduate Medical Training Bodies) meeting in 2021.

Presentations were given by the Executive to the Department of Health on the specialty recognition process and (separately) on Supra Specialties, with a view to engaging with the Department on agreeing respective policies and roles within the specialty recognition process.

The Education and Training team also gave a presentation on regulation of medical education and training to The Irish Platform for Patient Organisations, Science and Industry with a view to increasing patient input into the education and training sphere.

The Education and Training team made several presentations to Council throughout the year, including the Quality Improvement Plan (High level), Supra Specialties, Recognition of Specialties Process, New Council induction, Fair procedures and the Education and Training Change Project Phase One. The Education and Training Committee also received a presentation on enhancing the fairness of accreditation and inspection processes and procedures.

Projects

Professor Derek Gallen was engaged to conduct an extensive, independent Review of Governance of the Irish Intern Year in 2021 and his report is currently under consideration.

The ongoing Review of Standards project progressed in the latter half of the year, having engaged the services of Cardiff University to review and edit the expansive content of the draft Standards to a more digestible approach.

The Executive engaged with their colleagues in Information and Communications Technology to begin developing the technical specification for a new electronic system for exchanging information with medical schools, training bodies and sites as part of the annual monitoring process.

The Executive conducted an audit of the Council's compliance with the EU Directive on mutual recognition of professional qualifications and began presenting some of their findings to the Education and Training Committee. This work will continue in 2022.

The Committee received legal advice on compliance with Part 10 of the Medical Practitioners Act 2007 which will inform the identification of the necessary changes to the legislation and rules that will better enable the regulation of medical education and training.

The Executive developed a Project Initiation Document for Phase One of a substantial Education and Training Change Programme to commence in 2022.

Corporate Services

Facilities

Covid-19 Pandemic

The Facilities team continued to respond to the Covid-19 pandemic in 2021, developing protocols and applying infection prevention controls:

- Government mandate for Level 5 restrictions in January 2021 required further adjustments to onsite working processes and business continuity including mail handling.
- Continued support for remote/hybrid working including those for ergonomics and risk assessments implemented for staff working from home.
- Safe systems of work for essential onsite workers continued to require social distancing application, adjustment of meeting styles and the provision of PPE.
- The Covid-19 Steering Group led by Facilities and application of measures approved by the reconstituted Return to Office Working Group continued throughout 2021.
- Two members of the Facilities Team completed IOSH Managing Safely training in July to support development of the Health and Safety remit, with additional staff trained as Lead Workers throughout 2021.
- Government mandates, public health advice and wider H&S updates continue to be taken into account when applying appropriate control measures to safeguard employees, workers and 3rd parties attending Medical Council premises, meetings and events.
- In person Fitness to Practise inquiry meetings which had recommenced in Q4 2020 were subject to Government restrictions, NPHEt advice, infection rates and capacity to do so safely in 2021.

Design and Refurbishment Project

The project to assess and develop spatial capacity further developed in 2021 with designs due to be tendered in early 2022. Temporary office space was sourced in 2021 and the move completed in December 2021 in advance of the refurbishment project to facilitate continued operations and clear down of the Kingram House premises for construction.

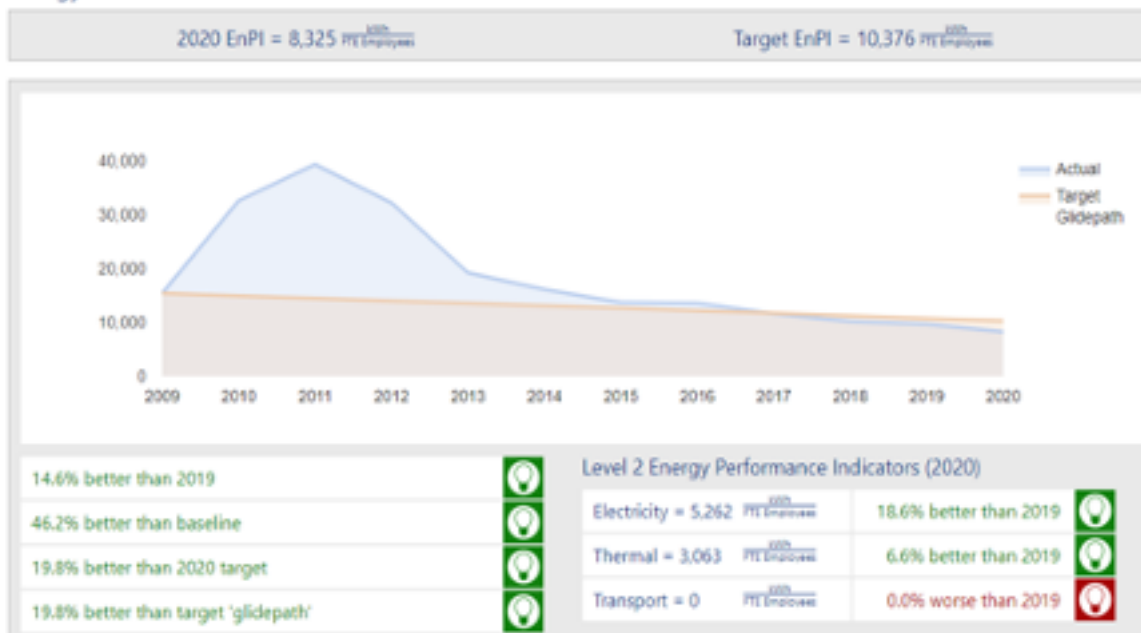
Climate Action

Active management of energy consumption resulted in a further reduction on figures and an energy efficiency saving of 46.2% by year end 2020 against baseline (reported through the SEAI M&E portal in 2021), exceeding the public sector target of 33%. Whilst the Government's Climate Action Plan 2019 and Programme for Government 2020 set new targets of 50% energy efficiency and 51% reduction in emissions, in light of COP26 outcomes and the Climate Action Plan 2021 published on 4th November 2021, the 2021 objective to successfully implement a customised Environmental Action Programme and to deliver required targets for Public Sector Organisations was deferred to 2022 to allow for full reflection and strategic planning by the Facilities and Green Teams.

2020 data reported in 2021 resulted in:

- 19.8% better than the 2020 target and glidepath
- 46.2% reduction energy performance savings
- 17.1% reduction on CO2 emissions since 2019

Energy Performance Indicators - 2020



CO2 Emissions

Energy	Unit	Baseline	2020	2019	2018	2017	2016
Electricity	kgCO2	131,168	70,186	92,362	110,982	131,907	171,301
Thermal	kgCO2	12,303	47,670	49,866	49,295	51,222	55,549

Information and Communications Technology (ICT)

2021 was a year still very much affected by Covid-19, where the focus remained on maintaining secure remote access, the continued rollout of new Information Technology related hardware & consolidation of key servers into the cloud.

Starting in Q3, the department invested in hiring an Information and Communications Technology Security Manager with responsibility for security issues such as phishing & malware attack protection, improving network security and business continuity.

In this same period, a new information technology tool was rolled out to protect remote workers from malware and cyberattacks. This was also the time for the beginning of the infrastructure build-out for PRISM, the Medical Council's medical practitioner registration maintenance and information management system. This included the web-based medical practitioner's portal as well as the Backoffice for use by the Registration team. In coming years, the PRISM project will deliver other modules for other elements of the Council's business.

The effort in Q4, was very much about planning, preparing and executing the office move to the temporary office space at Europa House.

Together with the Facilities team, a plan was developed for ensuring the temporary accommodation provided the level of Information and Communications Technology required for maintaining the operation of the Council. New Information and Communications Technology equipment was acquired including, a new Server, Firewall and switches. Other hardware such as the multi-functional printers, Wireless Access Points, etc were brought over from Kingram House and reconfigured for the new premises.

Other 2021 initiatives included:

- SAP (Financial Software) yearly budget upload documented by the Information and Communications Technology team to assist the Finance team
- Application Programming Interface work involving the Medical Council's case management software and medical practitioner registration maintenance and information management system. Application Programming Interfacing is a software intermediary that allows two applications to talk to each other
- Preparation of the use of a secure videoconferencing platform that enables lawyers to manage and present court documents
- Further implementation of Decision Time, a board meeting and risk management software

General Counsel

The General Counsel's team was established in 2021 to provide legal advice and strategic support to the Council and executive across all of the Council's regulatory and corporate functions.

This includes Registration, Education and Training, Maintenance of Professional Competence and Ethics. This team provides legal advice to the organisation in relation to statutory interpretation, fair procedures, administrative law, contracts, information governance law, employment law and all day-to-day legal issues arising. The team also has a key role in working with colleagues to draft regulatory policies, procedures and Rules under our parent legislation, the Medical Practitioners Act 2007 (as amended).

Key highlights for the team in 2021 were the establishment of the team, playing a significant role in a project to develop remote hearing capability for inquiries, managing multiple high value contracts to completion and developing and leading on many of the change programmes underway.

The Information Governance team and Corporate Governance Team report into the Head of General Counsel.

Information Governance

The Medical Council is subject to a wide range of legislation and Government directives. The below provides a brief update on key legislation the Medical Council complies with, and which act as a basis to a number of internal processes and procedures operated in the public interest.

Data Protection

As a data controller, the Medical Council takes the obtaining, processing, storage and release of personal data very seriously. All personal data held by the Medical Council is gathered to enable the Medical Council meet its responsibilities in the public interest under the Medical Practitioners Act 2007. Personal data provided to the Medical Council is treated in accordance with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

Refer to Appendices for statistical information relating to Data Protection.

Freedom of Information

The Medical Council is subject to the Freedom of Information Act 2014 and continuously strives to promote transparency and openness in the release of records. To support information being available in an accessible manner, Disclosure Logs are published quarterly on the Medical Council website, with an updated Publication Scheme available now.

Compliance

Ethics in Public Office Act 1995 and Standards in Public Office Act 2001

Council members and specific members of the Executive are required to disclose material interests on appointment, and update disclosers of their interests annually, or when there is any relevant change. Annual statements of interest of those holding designated positions are submitted to the Standards in Public Office Commission. There were no material interests identified at Council or Executive level in 2021.

Children First Act

The Medical Council works to ensure the principles of the Children First Act 2015 are embedded across the organisation, and within the regulatory processes carried out by the Medical Council in the public interest. The Medical Council has a Child Protection Policy to ensure that any matters concerning children are considered and responded to appropriately. The Medical Council has appointed a Designated Liaison Person who is responsible for ensuring that proper reporting procedures are followed so that child protection concerns are referred without delay to the Child and Family Agency (Tusla), and/or An Garda Síochána and/or the National Vetting Bureau as appropriate.

Protected Disclosures

The Protected Disclosures Act 2014 provides protections to people who make disclosures in the public interest. In 2021, the Medical Council did not receive any protected disclosures within the meaning of the Protected Disclosures Act.

As part of the Medical Council's commitment to compliance with the Protected Disclosures Act, work is ongoing internally to review policy and procedures related to same, and training will be provided to relevant members of the Executive. In 2022, the Medical Council intends to publish updated guidance on Protected Disclosures processes online. The Medical Council is also preparing for the enactment of the Protected Disclosures (Amendment) Bill 2022.

Equal Status and Public Sector Equality and Human Rights Duty

The Medical Council is firmly committed to promoting the principles of equality and diversity in all its services, operations and dealings, and ensuring compliance with the Public Sector Equality and Human Rights Duty. Our Equality, Diversity and Inclusion Strategy applies to our work both as a regulator and employer. Through understanding the diversity of individuals and by embedding and promoting equality and diversity into our work, we can improve our effectiveness as a regulator and provide an inclusive and supportive environment for our staff.

As part of the Medical Council's commitment to Equality, Diversity and Inclusion, an Access Officer is available to support members of the public and/or profession in accessing the services of the Medical Council and a commitment has been made to further expand the number of access officers available, as well as further training among the Executive.

In line with the Equal Status Acts 2000 – 2015, the Medical Council also provides a dedicated staff member for the processing and investigation of any complaints made under these Acts.

Prompt Payments

As a public body, the Medical Council is subject to the Prompt Payment requirements. This government obligation requires all public bodies to pay their suppliers within fifteen calendar days of receipt of a valid invoice. The Medical Council reports quarterly to the Department of Health on prompt payments and these reports are available on the Medical Council website.

Disability Act 2005

The Medical Council strives to ensure that all services and facilities provided by the Medical Council can be easily accessed by all those with disabilities. The Medical Council is undertaking a refurbishment of its head office to further expand and enhance physical access and supports to the office, and continues to promote and encourage the employment of people with disabilities through the provision of all necessary supports and accommodations.

Official Languages Act 2003

In line with the Official Languages Act 2003 (as amended), the Medical Council publishes consultation documents, annual reports, financial statements and statements of strategy in Irish. The Medical Council will engage through the Irish language with those who request to do so.

Health & Safety

The Medical Council continues to comply with the Safety, Health and Welfare Act 2005 (as amended) and the Safety, Health and Welfare at Work (General Application) Regulations 2007-2020. The Medical Council operates robust health and safety policies and procedures for staff working on-site or remotely and for members of the public who may wish to attend the Medical Council offices. Throughout 2021, the Medical Council diligently adhered to public health guidance in relation to Covid-19.

Corporate Governance

One of the primary functions of the Corporate Governance team is its role as Council secretariat, supporting the President and Council, advising on all governance matters and the running of Council meetings throughout the year. The team is responsible for ensuring that good governance is followed within the organisation and that it is compliant with the Code of Practice for the Governance of State Bodies, and other statutory duties including conflict and disclosure. The Corporate Governance Team is responsible for supporting the governance of the Medical Council's committees and delivering a comprehensive Induction and Learning & Development Programme for Council and Committee members.

Procurement

As a statutory body, the Medical Council adheres to Public Procurement Guidelines, Regulations and Directives. The Medical Council operates relevant procurement, payment and purchasing SOPs, which cover all works, supplies, and services required by the Medical Council and applies to all employees.

Key procurements included: Online Remote Fitness to Practise Inquiry Platform; Registration System; Human Resource Management System (HRMS); Record Management Services, Stenography Services and Asset Management and Investment Consultancy.

Office of the Chief Executive Officer

Communications

The Communications Department continued to support the various functions of the Medical Council throughout 2021.

The team facilitated a number of launches during the year, including a report into the impact of Telemedicine during Covid -19, produced by the Council's Working Group on Telemedicine. The 2019-2020 Your Training Counts survey was also launched, looking at the experiences of trainees in clinical learning environments. Due to continuing restrictions, the launches took place virtually, but highlighted the ongoing work of the Council, and garnered media coverage in national and medical press.

In addition, the team supported multiple communications with our registered medical practitioners and the public. A particular area of focus for 2021 was engagement with the profession, and both former President Dr Rita Doyle, and incoming President, Dr Suzanne Crowe addressed the profession on several occasions. Messages around the increased pressure medical practitioners faced during the height of the pandemic, and the challenges created by the HSE cyber-attack, highlighted the need for self-care among medical practitioners.

Statements were also issued in relation to International Women's Day, recognising the work of female medical practitioners during Covid-19, and another, to coincide with Pride Day, encouraging registered medical practitioners to avail of training opportunities to better understand the identities and needs of their LGBTI patients.

A statement was also issued welcoming the changes to access to training for non-EU medical practitioners, as one that was long sought by the Council.

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

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

Human Resources

The function of the Human Resources department is to support the Council and its employees throughout the full employment lifecycle.

At year end 2021, the Medical Council had 92 employees, an increase of nine from the previous year. New staff mainly filled roles in the Complaints and Investigations team, the legal teams and the Education and Training team.

All Human Resource policy and procedures were reviewed and updated in line with Government guidelines and employment law changes.

During 2021 a new Human Resource Management System (HRMS) to streamline the Medical Council's human resource processes was introduced.

Employee wellbeing is important to the Medical Council and as the Medical Council's employees continue to work from home, the Medical Council continues to support employees mental, physical and emotional wellbeing, with an Employee Assistance Programme which offers advice and counselling for personal or work-related concerns.

The Medical Council also has a dedicated Wellbeing Group.

The Medical Council continued its commitment to the ongoing training, up-skilling, and development of its employees, in addition to starting a new leadership development program, workshops were provided for on Managing Remote Working, the Right to Disconnect and Managing Mental Health.

Risk Management

In line with Section 7 of the Code of Practice for the Governance of State Bodies, the Medical Council operates a formal and transparent approach to risk management. A Risk management policy has been implemented and is reviewed periodically to provide for the continuous identification, assessment, monitoring, and reporting of significant risks within the Medical Council.

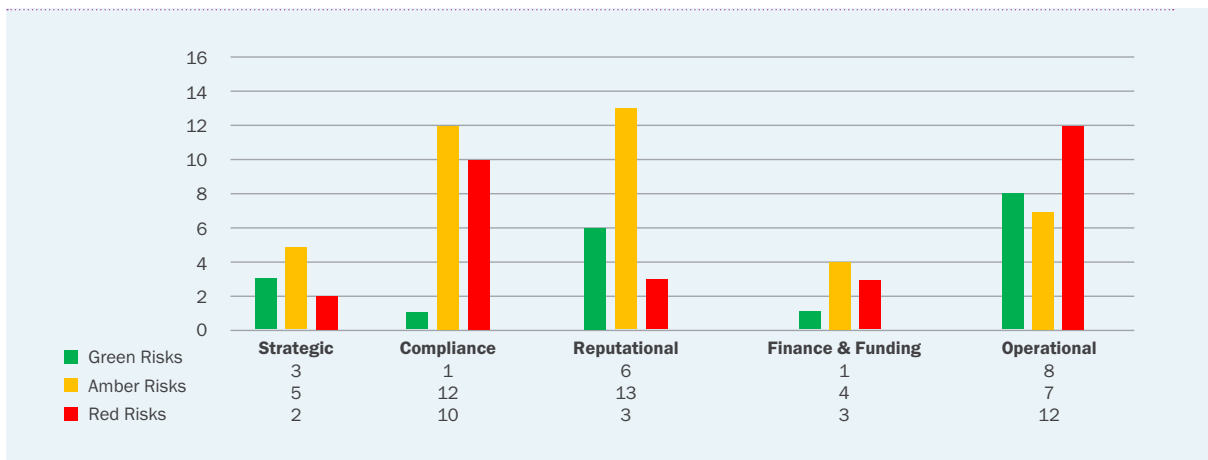
Risk is managed in the Medical Council through formal, quarterly reviews and approval by the Audit, Finance and Risk Committee of changes to the Corporate Risk Register. The Chief Risk Officer attends each Committee meeting and provides an update on changes to the risk registers, significant movement in rankings, and answers any questions from the Committee. The Chair of the Committee presents a report to Council at the quarterly governance meeting where the Chief Risk Officer is available to answer any questions.

The Chief Risk Officer departed the Medical Council at the end of quarter 3 of 2021, with the Governance and Compliance Manager stepping in to provide support to the Medical Council and the Executive in order to meet the Medical Council's risk management requirements for the final quarter of the year.

In preparation for the roll out of risk management software via the Medical Council's board meeting and risk management software, the Executive began a review of all risk descriptors, controls and rankings. Two new risk registers were created to reflect internal organisational change, and risks related to Covid-19 were removed or downgraded to reflect the adaptability of the Medical Council to a change in working model.

At the end of 2021, Council approved a new risk management framework for 2022 to include a review of risk appetite, policy and process, and the appointment of a new Chief Risk Officer.

Categorisation of Risk by Ranking (RAG)



Finance

The Finance Department continued to work remotely during 2021. To support working from home the Medical Council Finance team continued to work closely with the Information and Communications Technology team to ensure appropriate controls were in place for all remote access. The Council met all of its financial obligations during the year.

There were 3 Internal Audits completed remotely via zoom during 2021, one Finance audit, one Performance assessment audit and a Freedom of Information Audit. The Finance team collaborated with the Internal audit team and provided all documentation to the team through a secure network to ensure timely completion of all scheduled audits for 2021.

The Finance team have continued to implement all necessary changes in Public Sector circulars and legislation in relation to payroll, expenses and financial transactions in a timely and efficient manner throughout 2021. The Finance department continued to manage the Council's financial resources in line with all legislative and governance requirements applying best practice to the governance of its financial affairs.

Reporting of the Council's financial resources was monitored through the budgeting process, monthly and quarterly management accounts and ongoing forecasting. The Finance team worked with the Audit, Finance and Risk Committee to ensure the Council was fully informed throughout the year.

Financial Statements for the Year 2021 are available on pages 34 to 68.

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Council Members and Other Information

January - June 2021

President	Dr Rita Doyle	
Vice President	Dr Thomas Crotty	
Chief Executive Officer	Mr Philip Brady (March 2021) Mr Leo Kearns (April 2021)	
Council	Dr Rita Doyle	Professor Marina Lynch
	Dr Anthony Breslin	Dr Erica McGuire
	Dr John Barragry	Ms. Vicky Blomfield
	Ms Teresa Bulfin	Mr John Murray
	Dr Thomas Crotty	Dr Maeve Moran
	Dr Suzanne Crowe	Dr Aoife Mullally
	Mr Ian Drennan	Mr Joe O'Donovan
	Mr John Gleeson	Mr Tom O'Higgins
	Ms Mary Duff	Mr Jim O'Sullivan
	Professor Fidelma Dunne	Professor Mary O'Sullivan
	Mr Paul Harkin	Ms. Catherine McKenna
	Professor John Hyland	
Offices	Kingram House Kingram Place Dublin 2	
Auditors	Comptroller & Auditor General 3A Mayor Street Upper Dublin 1	
Bankers	Bank of Ireland Rathmines Road Rathmines Dublin 6	
Solicitors	Fieldfisher, The Capel Building, Mary's Abbey, Dublin 7	

Council Members and Other Information (continued)

July - December 2021

President	Dr Suzanne Crowe	
Vice President	Dr Thomas Crotty	
Chief Executive Officer	Mr Leo Kearns	
Council	Dr Suzanne Crowe	Mr Ian Drennan
	Dr Thomas Crotty	Professor Marina Lynch
	Ms Teresa Bulfin	Mr John Murray
	Dr Anthony Breslin	Prof Joe McMenamin
	Mr Jim O'Sullivan	Dr Aoife Mullally
	Mr John Gleeson	Prof Paul Finucane
	Dr Margaret O'Riordan	Professor Mary O'Sullivan
	Mr Paul Harkin	Ms. Vicky Blomfield
	Professor John Hyland	Ms Professor Mary Leader
	Mr Bill Maher	Mr Ronan Quirke
	Prof Edna Roche	Ms Jill Long
	Dr Michael McGloin	Ms Marie Culliton
	Dr Mary Davoran	
Offices	Kingram House Kingram Place Dublin 2	
Auditors	Comptroller & Auditor General 3A Mayor Street Upper Dublin 1	
Bankers	Bank of Ireland Rathmines Road Rathmines Dublin 6	
Solicitors	Fieldfisher, The Capel Building, Mary's Abbey, Dublin 7	

Governance Statement and Council Members' Report

Governance

The Medical Council was established under the Medical Practitioners Act 1978 (updated in 2007). The functions of Council are set out in section 7 of this Act. The Council is accountable to the Minister for Health and is responsible for ensuring good governance and performs this task by setting strategic decisions on all key business issues. The regular day to day management, control and direction of the Medical Council is the responsibility of the Chief Executive Officer (CEO) and the senior management team. The CEO and the senior management team must follow the broad strategic direction set by the Council and must ensure that all Council members have a clear understanding of the key activities and decisions related to the entity, and of any significant risks likely to arise. The CEO acts as a direct liaison between the Council and management of the Medical Council.

Council Responsibilities

The work and responsibilities of the Council are set out in the Governance Framework and the Terms of Reference, which also contain the matters specifically reserved for Council decision. Standing items considered by the Council include:

- ▶ declaration of interests,
- ▶ reports from committees,
- ▶ financial reports/management accounts,
- ▶ performance reports, and
- ▶ reserved matters.

Section 32 of the Medical Practitioners Act 2007 requires the Council to keep, in such form as may be approved by the Minister for Health with consent of the Minister for Public Expenditure and Reform, all proper and usual accounts of money received and expended by it.

In preparing these financial statements, the Council is required to:

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

The Council is responsible for keeping adequate accounting records which disclose with reasonable accuracy at any time the financial position of the Medical Council and which will enable it to ensure that the financial statements comply with Section 32 of the Medical Practitioners Act 2007.

The Council is responsible for approving the annual plan and budget. An evaluation of the performance of the Medical Council by reference to the annual plan and budget was carried out in November 2021.

The Council is also responsible for safeguarding the assets of the Medical Council and hence taking reasonable steps for the prevention of fraud and other irregularities.

The Council considers that the financial statements of the Medical Council give a true and fair view of the financial performance and the financial position of the Medical Council at 31st December 2021.

Governance Statement and Council Members' Report (continued)

Council Structure

The Council consists of a President, Vice President and twenty-three ordinary members, all of whom are appointed by the Minister for Health. The majority of members of the Council appointed were for five years however there were some members with three-year terms. The Council meets on a bi-monthly basis. The table below details the appointment period for current members:

Council Member	Role	Appointed
Dr Rita Doyle	President	15/06/2018 - 31/05/2021
Dr Suzanne Crowe	President	01/06/2021
Dr Suzanne Crowe	Ordinary Member	15/06/2018 - 31/05/2021
Dr Thomas Crotty	Vice President	02/07/2020
Dr John Barragry	Ordinary Member	15/06/2018 - 31/05/2021
Ms Vicky Blomfield	Ordinary Member	15/06/2018
Dr Erica McGuire	Ordinary Member	15/06/2018 - 31/05/2021
Mr Tom O'Higgins	Ordinary Member	15/06/2018 - 31/05/2021
Ms Catherine McKenna	Ordinary Member	15/06/2018 - 31/05/2021
Professor John Hyland	Ordinary Member	15/06/2018
Professor Mary O'Sullivan	Ordinary Member	15/06/2018
Ms Teresa Bulfin	Ordinary Member	15/06/2018
Mr John Gleeson	Ordinary Member	15/06/2018
Ms Mary Duff	Ordinary Member	15/06/2018
Professor Fidelma Dunne	Ordinary Member	15/06/2018 - 31/05/2021
Mr Paul Harkin	Ordinary Member	15/06/2018
Mr Jim O'Sullivan	Ordinary Member	15/06/2018
Professor Marina Lynch	Ordinary Member	15/06/2018 - 31/02/2021
01/06/2021	Ordinary Member	15/06/2018
Professor Mary Leader	Ordinary Member	15/06/2018
Dr Maeve Moran	Ordinary Member	15/06/2018
Dr Aoife Mullally	Ordinary Member	15/06/2018
Mr John Murray	Ordinary Member	15/06/2018
Mr Joe O'Donovan	Ordinary Member	15/06/2018 - 31/05/2021
Mr Ian Drennan	Ordinary Member	04/01/2021
Ms Jill Long	Ordinary Member	14/06/2021
Ms Marie Culliton	Ordinary Member	27/08/2021
Dr Mary Davoran	Ordinary Member	14/06/2021
Prof Paul Finucane	Ordinary Member	01/06/2021
Prof Joe McMenamin	Ordinary Member	01/06/2021
Dr Margaret O'Riordan	Ordinary Member	01/06/2021
Mr Jim O'Sullivan	Ordinary Member	01/06/2021
Mr Ronan Quirke	Ordinary Member	14/06/2021
Prof Edna Roche	Ordinary Member	01/06/2021
Mr Bill Maher	Ordinary Member	08/12/2021

The 2018-2023 Medical Council commenced its term in June 2018. A review of the Medical Council Committees was undertaken by the Council and were restructured in some cases to improve the effectiveness and efficiency of the Committees.

Governance Statement and Council Members' Report (continued)

The Medical Council has established nine Committees, as follows:

1. Audit, Finance & Risk Committee

Eight meetings held in 2021

The Audit, Finance & Risk Committee is chaired by Mr Ian Drennan, replacing Mr Joe O'Donovan in November 2021. The Committee is responsible for monitoring the integrity of the financial statements, reviewing the effectiveness of internal control and risk management systems of the Medical Council. The Committee is comprised of six members and two external members, one external member resigned in November 2021. There were eight meetings of the AFRC held in 2021.

2. Preliminary Proceedings Committee

Eleven meetings held in 2021

The Preliminary Proceedings Committee is established under Section 20(2) of the Medical Practitioners Act 2007 to consider initial complaints and was chaired by Mr John Gleeson. All meetings of the PPC were held remotely, taking place over two days, counting as one meeting. At the start of 2021 there were 16 members on the PPC, 8 external members and 8 Council members. There were 5 resignations from the Committee in 2021, 4 Council members and 1 external member. There were 4 new members recruited in 2021, all of whom were Council members, leaving a total of 15 members on the Committee (8 Council and 7 external members).

3. Fitness to Practise Committee

Twenty-Five meetings held in 2021

The Fitness to Practise Committee is established under section 20(2) of the Medical Practitioners Act 2007 to hold inquiries into complaints referred by the Preliminary Proceedings Committee. The Fitness to Practise Committee is chaired by Mr Paul Harkin. Inquiries are heard by a "Panel" which is made up of three members of the Fitness to Practise Committee, two non-medical members and one medical member with at least one of the members being a Council member. There were a total of 25 Inquiries held in 2021.

4. Registration and Continuing Practice Committee

Seven meetings held in 2021

The purpose of the Registration and Continuing Practice Committee (RCPC) is twofold; to ensure effective establishment and maintenance of the register of medical practitioners and to ensure ongoing maintenance of professional competence of registered medical practitioners. The RCPC is assisted and supported by three sub-committees, the Performance Assessor Subcommittee, the Registration Adjudication Panel (RAP): and the Registration Review Board (RRB). The Committee is comprised of ten members: Four Council members (two lay, two medical) and six Non-Council members. The Committee is Chaired by Dr Anthony Breslin.

5. Education and Training Committee (ETC)

Seven meetings held in 2021 (1 by circulation of emails)

The training needs of tomorrow's doctors and ongoing education requirements of those currently registered is overseen by the Education and Training Committee (ETC). The ETC is chaired by Professor Mary O'Sullivan. The Committee is comprised of six Council members (two of whom are Ex Officio) and eleven external members.

Governance Statement and Council Members' Report (continued)

6. Ethics and Professionalism Committee

Eight meetings held in 2021

The Ethics Committee was established in April 2019 to specify standards of Ethics & Professionalism for registered medical practitioners; including the organisation, publication, maintenance and review of appropriate guidance on all matters related to professional conduct and ethics for registered medical practitioners; and to review and produce updates to the "Guide to Professional Conduct and Ethics for Registered Medical Practitioners" as required during each five-year term of office. There are 10 members of the Committee, four Council members and six external members. The Committee is chaired by Dr Suzanne Crowe.

7. Strategy and Governance Committee

Six meetings held in 2021

The Strategy and Governance Committee (SGC) was established by the Medical Council with effect from 11th June 2018. The Purpose of the Committee is to steer the Statement of Strategy to completion; to monitor and review the implementation of the Strategy via annual Business Plans; to monitor and ensure compliance with Governance complaints etc; to be responsible for the nominations and appointments of members to relevant Committees and Groups; and to steer a Learning and Development programme for Council, Committees and groups. The committee is comprised of six Council members, with two Council members being appointed in August 2021. The Committee is chaired by Ms Vicky Bloomfield.

8. Health Committee

Seven meetings held in 2021

The Health Committee's primary role is to monitor and support medical practitioners maintaining their registration during illness and/or disability. A relevant medical disability is defined at section 2 of the Medical Practitioners Act as a physical or mental disability of the practitioner (including addiction to alcohol or drugs) which may impair the practitioner's ability to practise medicine or a particular aspect thereof. Such medical practitioners may come to the attention of the Medical Council in a variety of ways, including self-referral; referral by a third party or referral from the Council.

The Committee reports to the Council and is made up of at least two general practitioners, at least two psychiatrists, one occupational health physician, two psychotherapists and two lay members. There were seven plenary meetings of the Committee in 2021 with 90 review sessions held over the year via the Zoom platform because of the Covid-19 pandemic. A review session between the two members of the Committee and the individual medical practitioners typically last about one hour. During the review session the Committee members will discuss the medical reports received from the medical practitioner's treating healthcare professionals and any other issues relevant to the medical practitioner's health that the members consider appropriate under the circumstances.

9. Monitoring Committee

Eight meetings held in 2021

The purpose of the Monitoring Committee is the monitoring of a practitioner's compliance with conditions attached to the retention of their name in the Register. Conditions can be attached to a registered medical practitioner's registration pursuant to sections 53(3) and/or 71(c) of the Medical Practitioners Act 2007.

The Committee also review a bank of conditions previously produced to assist the FTP Committee and Medical Council when attaching conditions to a registered medical practitioner's registration in order to ensure that conditions can be both met by the Practitioner and the Committee can confirm compliance.

Schedules of all Committee members, sub-committees and review groups is set out in an appendix to the Annual Report.

Governance Statement and Council Members' Report (continued)

Schedule of Attendance, Fees and Expenses

A schedule of attendance at the Council and Committee meetings for 2021 are set out in an appendix to the Annual report while the fees and expenses received by each member is set out below:

Council Member	Allowances 2021	Expenses 2021
R Doyle (President)	4,989	-
R Doyle (President) (Locum Fees)	36,091	-
S Crowe (President)	-	-
T Crotty (Vice President)	-	-
J Barragry	3,207	78
V Blomfield	3,848	-
A Breslin	-	-
T Bulfin	7,696	-
M Duff	3,207	-
F Dunne	-	-
J Gleeson	7,696	-
P Harkin	-	-
J Hyland	7,696	-
M Leader	-	-
M Lynch	1,924	22
E Maguire	-	-
M McGloin	8,979	-
C McKenna	-	-
M Moran	-	-
A Mullally	-	-
J Murray	7,696	367
J O'Donovan	4,489	-
I Drennan	-	-
T O'Higgins	3,207	-
M O'Sullivan	7,696	-
J O'Sullivan	641	-
J McMenamin	5,772	-
M O'Riordan	3,848	-
J Long	3,848	-
P Finucane	3,848	-
R Quirke	3,848	-
	130,226	467

Governance Statement and Council Members' Report (continued)

There were twelve members for the period January to December 2021 who did not receive a Council allowance in 2021 under the "One Person One Salary Principle" (OPOS) as listed above.

As a national regulator the Medical Council is represented by members from widespread geographical areas. The level of Travel & Subsistence received by Council and Committee members is directly proportionate to the individual's geographic location. A number of Committee members sit on more than one committee. The total fees and expenses paid to Committee members in 2021 is set out below.

Council and Committee Members	Allowances 2021	Expenses 2021
R Anderson	6,600	-
D Ashe	6,800	-
V Beatty	6,500	21
P Brady	3,600	-
K Bulbulia	9,000	-
A Carrigy	2,000	-
J Casey	6,300	-
S Casey	300	-
A Clarke	2,700	-
T Clarke	5,400	-
L Conroy	2,500	-
M Culliton	3,500	-
M Power	600	-
A Deane	2,400	-
M Devin	1,500	-
P Devitt	2,400	-
G Feeney	6,000	-
M Ryan	1,000	-
P Fleming	1,000	-
D Forde	2,700	-
A Gilliland	7,000	-
M Hardiman	300	-
AM Harney	3,500	-
M Houston	1,800	-
J Jenkins	7,925	-
A Johnson	3,300	-
S Kealy	6,000	-
F Keeling	3,300	-
G Knowles	1,800	-
A Lane	4,200	-
V Larkin	4,000	-
B Lewis	10,500	-
F Magee	4,800	-
C Mc Crystal	1,500	-
S McGovern	1,000	-
C McNicholas	2,000	-
D Mulcahy	4,500	-
M Murphy	5,400	-

Governance Statement and Council Members' Report (continued)

Council and Committee Members	Allowances 2021	Expenses 2021
P Murphy	2,400	-
A Ni Riain	20,700	-
J O'Connor	1,500	-
D O'Donoghue	2,000	-
F O'Kelly	4,500	-
S O'Mahoney	1,800	-
M O'Maoláin	1,800	-
G Offiah	1,800	-
M O'Riordan	1,200	-
K Perdue	4,200	-
P Plunkett	6,000	-
D Quinlan	900	-
A Quinlan	6,000	-
N Reddy	1,500	-
R Quirke	5,500	-
E Renehan	3,500	-
P Ryan	1,200	-
J Hynes	4,000	-
A Miller	1,000	-
U Martin	1,000	-
M Westwood	1,000	-
G Subramanian	1,000	-
M Button	2,000	-
	221,925	21

Governance Statement and Council Members' Report (continued)

Key Personnel Changes

The Chief Executive Officer Mr Philip Brady completed his term as Chief Executive Officer in March 2021, Mr Leo Kearns was appointed as the new Chief Executive Officer in April 2021.

Disclosures Required by Code of Practice for the Governance of State Bodies (2016)

Council is responsible for ensuring that the Medical Council has complied with the requirements of the Code of Practice for the Governance of State Bodies ("the Code"), as published by the Department of Public Expenditure and Reform in August 2016. The following disclosures are required by the Code:

Employee Salary Breakdown

Employee salaries in excess of €60,000 are categorised in the following bands:

Range of total employee benefits From - To	Number of Employees	
	2021	2020
€60,000 - €69,999	5	4
€70,000 - €79,999	4	7
€80,000 - €89,999	6	3
€90,000 - €99,999	2	-
€100,000 - €109,999	4	5
€110,000 - €119,999	1	-
€120,000- €129,999	-	-
€130,000- €139,999	-	1

Consultancy Costs

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

	2021	2020
	€	€
Business Consultancy	280,841	237,755
Communication fees	29,440	29,360
IT Consultancy fees	30,707	45,302
Legal Consultancy	784,257	526,274
Total Consultancy Costs	<u>1,125,245</u>	<u>838,691</u>

Governance Statement and Council Members' Report (continued)

Legal Costs and Settlements

The table below provides a breakdown of amounts recognised as expenditure in the reporting period in relation to legal costs.

	2021	2020
	€	€
Legal Expenses		
Legal and professional	518,874	483,994
Part V (a) Inquiries	1,805,556	1,722,239
Part V (b) High Court & Supreme Court proceedings	189,182	122,372
Total	<u>2,513,612</u>	<u>2,328,605</u>

Hospitality Expenditure

The Income and Expenditure Account included the following hospitality expenditure:

	2021	2020
	€	€
Staff hospitality	8,717	8,413
Committee hospitality	3,627	4,308
Total	<u>12,344</u>	<u>12,721</u>

Travel and Subsistence Expenditure

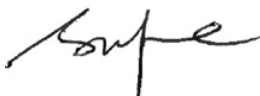
	2021	2020
	€	€
Travel and subsistence expenditure is categorised as follows		
Staff - Domestic	1,071	5,717
Staff - International	-	1,043
Core Business	9,869	42,907
Total	<u>10,940</u>	<u>49,667</u>

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

Statement of Compliance

The Council has adopted the Code of Practice for the Governance of State Bodies (2016) and has put procedures in place to ensure compliance with the Code. The Medical Council was in full compliance with the Code of Practice for the Governance of State Bodies for 2021.

Approved by the Council on and signed on its behalf by;



Dr. Suzanne Crowe
President



Mr. Leo Kearns
Chief Executive Officer

Dated: 23rd June 2022

Statement on the Internal Control

Scope of Responsibility

On behalf of the Council, I acknowledge our responsibility for ensuring that an effective system of internal control is maintained and operated. This responsibility takes account of the requirements of the Code of Practice for the Governance of State Bodies (2016).

Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a tolerable level rather than to eliminate it. The system can therefore only provide reasonable and not absolute assurance that assets are safeguarded, transactions authorised and properly recorded, and material errors or irregularities are either prevented or would be detected in a timely way.

The system of internal control, which accords with guidance issued by the Department of Public Expenditure and Reform has been in place in the Medical Council for the year ended 31st December 2021 and up to the date of approval of the financial statements except for the three minor and one medium internal control weaknesses outlined in the internal audit of controls carried out in December 2021 noted below.

Capacity to Handle Risk

The Medical Council has an Audit, Finance & Risk Committee (AFRC) comprising of six Council members and two external members, with financial and audit expertise, one of whom is the Chairperson Mr Ian Drennan. The AFRC met eight times in 2021.

In conjunction with Crowley's DFK, the Medical Council's internal auditors, the AFRC has developed a risk management policy which sets out its risk appetite, the risk management processes in place and details the roles and responsibilities of staff in relation to risk. Crowley's DFK have been contracted since 2021 for a 4-year term.

The policy has been issued to all staff who are expected to work within the Medical Council's risk management policies, to alert management on emerging risks and control weaknesses and assume responsibility for risks and controls within their own area of work.

Risk and Control Framework

The Medical Council has implemented a risk management system which identifies and reports key risks and the management actions being taken to address and, to the extent possible, to mitigate those risks.

A risk register is in place managed by the Chief Risk Officer which identifies the key risks facing the Medical Council and these have been identified, evaluated and graded according to their significance. The register is reviewed and updated by the AFRC on a regular basis. The outcome of these assessments is used to plan and allocate resources to ensure risks are managed to an acceptable level.

The risk register details the controls and actions needed to mitigate risks and responsibility for operation of controls assigned to specific staff. I confirm that a control environment containing the following elements is in place:

- ▶ procedures for all key business processes have been documented,
- ▶ financial responsibilities have been assigned at management level with corresponding accountability,
- ▶ there is an appropriate budgeting system with an annual budget which is kept under review by senior management,
- ▶ there are systems aimed at ensuring the security of the information and communication technology systems,
- ▶ there are systems in place to safeguard assets.

Ongoing Monitoring and Review

Formal procedures have been established for monitoring control processes and control deficiencies are communicated to those responsible for taking corrective action and the management and Council, where relevant, in a timely way. I confirm that the following ongoing monitoring systems are in place:

- ▶ key risks and related controls have been identified and processes have been put in place to monitor the operation of those key controls and report any identified deficiencies,

Statement on the Internal Control

(continued)

- ▶ reporting arrangements have been established at all levels where responsibility for financial management has been assigned, and
- ▶ there are regular reviews by senior management of periodic and annual performance and financial reports which indicate performance against budgets/forecasts.

Procurement

I confirm that the Medical Council has procedures in place to ensure compliance with current procurement rules and guidelines and that during 2021 the Medical Council complied with those procedures. There were three instances where a derogation from the rules and guidelines were considered justifiable. This related to contracts for maintenance, cleaning and security. There was one instance of noncompliance in relation to recruitment services, due to a large number of tender processes of significant value and importance in 2021 and limited internal resources the recruitment tender was delayed. A tender process for recruitment services commenced in Q1 2022 to appoint a provider in Q2 2022.

The total value of these contracts was €224,000 consisting of the following expenditure;

- ▶ Maintenance €52,000
- ▶ Cleaning €29,000
- ▶ Security €11,000
- ▶ Recruitment Agency fees €132,000

The Council has temporarily relocated to Europa House to allow for mechanical, electrical and minor refurbishment works in Kingram House. Following completion of these works a tender for maintenance, cleaning and security contracts will be issued to the market.

Review of Effectiveness

I confirm that the Medical Council has procedures to monitor the effectiveness of its risk management and control procedures. The Medical Council's monitoring and review of the effectiveness of the system of internal control is informed by the work of the internal and external auditors, the Audit, Finance & Risk Committee which oversees their work, and the senior management within the Medical Council responsible for the development and maintenance of the internal control framework. I confirm that the Council conducted an annual review of the effectiveness of the internal controls in March 2022.

Internal Control Issues

No significant breaches occurred in 2021. A weakness in relation to the Procurement process was identified, this weakness was considered to be a medium rated risk. The weaknesses related to supporting documentation for purchases, creating purchase orders (PO's) in a timely manner and changing of bank details. Reporting of expenditure in excess of €25,000 (exclusive of VAT) from one supplier and any instances where competitive procurement procedures were not followed was also noted as a weakness. A process to ensure signed documentation authorising any changes to supplier bank details has been implemented. Going forward, no invoices will be paid until a PO is quoted on the invoice. The Procurement policy will be updated to reflect the need to report to Council on instances where the organisation incurred expenditure in excess of €25,000 (exclusive of VAT) from one supplier and any instances where competitive procurement procedures were not followed.

Minor weaknesses in internal control were identified in relation to the IT and HR leaver process in place and the oversight policies and procedures. This weakness related to tickets not being raised for leavers as per the ICT policies due to the timing of the leavers departure. A review of the ICT policy has been undertaken to ensure it is robust and a process has been implemented to ensure that removal dates of all employees will be documented going forward.

Responsibility for the implementation of all audit recommendations is attributed to the Head of the appropriate section. A timeline for the implementation of the recommendation is assigned. The Audit Recommendations tracker is updated and reported to the AFRC at each meeting. The Finance team oversee the steps taken by Management to implement the recommendation and report the closure of the audit recommendation to the AFRC.

Statement on the Internal Control

(continued)

Covid-19

The Medical Council established a Covid-19 steering group in addition to an Emergency Response Team in 2020, which included key members of the Management team, to review the impact of Covid-19 on the organisation and to lead the organisation throughout the Covid-19 crisis. This Steering group remained in place throughout 2021.

While a small staffing presence has been maintained at Kingram House, post the initial close down, most staff have been required to work from home. The Council has temporarily relocated to Europa House to allow for mechanical, electrical and minor refurbishment works in Kingram House. At various points in 2021, in between restrictions, small numbers of staff began to return to the office for short periods of time in accordance with our health and safety plans and Covid polices.

The Medical Council continuously reviewed and updated the Council's risk register throughout 2021 to reflect new risks and increased risks as a result of the pandemic, as the crisis unfolded to ensure appropriate mitigations were in place. Regular communications to both internal and external stakeholders was provided throughout 2021.

Similar to 2020 the adequacy of the system of internal controls was reviewed through internal audit. Increased user access controls including (but not limited to), a secured Multifactor Authentication (MFA) Virtual Private Network (VPN), to access MHC networks, systems and applications continued to operate in 2021. The Medical Council's IT department continued to issue guidance and awareness on an ongoing basis, on cyber security and working remotely through means such as security email notification to employees. Additionally, all Medical Council devices including portable devices, are encrypted.

The Audit, Finance and Risk Committee considered the impact on the control environment and discussed the internal audit of financial controls which specifically focused on the controls the Council had implemented during Covid-19. All financial controls implemented in 2020 continued in operation during 2021.

Signed on behalf of the Medical Council



Dr. Suzanne Crowe
President

Dated: 23rd June 2022

Auditor General



Ard Reachtaire Cuntas agus Ciste Comptroller and Auditor General

Report for presentation to the Houses of the Oireachtas The Medical Council

Opinion on the financial statements

I have audited the financial statements of the Medical Council for the year ended 31 December 2021 as required under the provisions of section 32 of the Medical Practitioners Act 2007. The financial statements comprise

- the statement of income and expenditure and retained revenue reserves
- the statement of comprehensive income
- the statement of financial position
- the statement of cash flows, and
- the related notes, including a summary of significant accounting policies.

In my opinion, the financial statements give a true and fair view of the assets, liabilities and financial position of the Medical Council at 31 December 2021 and of its income and expenditure for 2021 in accordance with Financial Reporting Standard (FRS) 102 – The Financial Reporting Standard applicable in the UK and the Republic of Ireland.

Basis of opinion

I conducted my audit of the financial statements in accordance with the International Standards on Auditing (ISAs) as promulgated by the International Organisation of Supreme Audit Institutions. My responsibilities under those standards are described in the appendix to this report. I am independent of the Medical Council and have fulfilled my other ethical responsibilities in accordance with the standards.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Report on information other than the financial statements, and on other matters

The Medical Council has presented certain other information together with the financial statements. This comprises the annual report, including the governance statement and Council members' report, and the statement on internal control. My responsibilities to report in relation to such information, and on certain other matters upon which I report by exception, are described in the appendix to this report.

I have nothing to report in that regard.

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

30 June 2022

Auditor General

Appendix to the report

Responsibilities of Medical Council members

As detailed in the governance statement and Council members' report, the Council members are responsible for

- the preparation of annual financial statements in the form prescribed under section 32 of the Medical Practitioners Act 2007
- ensuring that the financial statements give a true and fair view in accordance with FRS102
- ensuring the regularity of transactions
- assessing whether the use of the going concern basis of accounting is appropriate, and
- such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Responsibilities of the Comptroller and Auditor General

I am required under section 32 of the Medical Practitioners Act 2007 to audit the financial statements of the Medical Council and to report thereon to the Houses of the Oireachtas.

My objective in carrying out the audit is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement due to fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with the ISAs, I exercise professional judgment and maintain professional scepticism throughout the audit. In doing so,

- I identify and assess the risks of material misstatement of the financial statements whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- I obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal controls.
- I evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures.

- I conclude on the appropriateness of the use of the going concern basis of accounting and, based on the audit evidence obtained, on whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Medical Council's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my report. However, future events or conditions may cause the Medical Council to cease to continue as a going concern.
- I evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

I report by exception if, in my opinion,

- I have not received all the information and explanations I required for my audit, or
- the accounting records were not sufficient to permit the financial statements to be readily and properly audited, or
- the financial statements are not in agreement with the accounting records.

Information other than the financial statements

My opinion on the financial statements does not cover the other information presented with those statements, and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, I am required under the ISAs to read the other information presented and, in doing so, consider whether the other information is materially inconsistent with the financial statements or with knowledge obtained during the audit, or if it otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

Reporting on other matters

My audit is conducted by reference to the special considerations which attach to State bodies in relation to their management and operation. I report if I identify material matters relating to the manner in which public business has been conducted.

I seek to obtain evidence about the regularity of financial transactions in the course of audit. I report if I identify any material instance where public money has not been applied for the purposes intended or where transactions did not conform to the authorities governing them.

Statement of Income and Expenditure and Retained Revenue Reserves

for the year ended 31st December 2021

	Notes	2021 €	2020 €
Income			
Retention fees	2	12,405,452	12,074,445
Registration fees	2	3,438,812	2,559,910
Miscellaneous income	2	279,432	237,140
Total income		16,123,696	14,871,495
Expenditure			
Wages and salaries	3	5,686,040	4,500,005
Retirement benefit costs	3	1,407,820	1,191,568
Council and meeting expenses		325,684	359,055
Staff recruitment, training and education		240,859	208,631
Rent and rates		1,117,151	1,063,379
Legal expenses		2,513,612	2,328,605
General administration	4	1,071,643	909,561
Consultancy and other professional fees		1,125,245	838,691
Finance charges		203,406	148,544
Audit fees		24,000	21,800
Advertising & media monitoring		26,060	15,624
Loss / (Gain) on asset disposals		(248)	(1,423)
Depreciation	6	320,020	264,013
Total Expenditure		(14,061,292)	(11,848,053)
Operating surplus		2,062,404	3,023,442
Fair value movement in financial assets	7	4,067,700	999,981
Interest payable/receivable		-	-
Investment income		92,392	69,484
Surplus for the year	11	6,222,496	4,092,907
Transfer from / (to) pension reserve	11	705,000	569,000
Balance Brought Forward at 1 st January		36,530,757	31,868,850
Balance Carried Forward at 31st December		43,458,253	36,530,757

The Statement of Cash Flows and Notes on pages 54 - 68 form part of the financial statements.

Approved by the Council on and signed on its behalf by



Dr. Suzanne Crowe
President



Mr. Leo Kearns
Chief Executive Officer

Dated: 23rd June 2022

Statement of Comprehensive Income

for the year ended 31st December 2021

	Notes	2021 €	2020 €
Surplus for the year		6,222,496	4,092,907
Experience (loss) / gain on retirement benefit obligations		800,000	(780,000)
Change in assumptions underlying the present value of retirement benefit obligation	10 (b)	(602,000)	(2,613,000)
Adjustment to deferred retirement benefit funding	10 (b)	49,000	566,000
Total comprehensive income for the year		6,469,496	1,265,907

The Statement of Cash Flows and Notes on pages 54 - 68 form part of the financial statements.

Approved by the Council on and signed on its behalf by



Dr. Suzanne Crowe
President



Mr. Leo Kearns
Chief Executive Officer

Dated: 23rd June 2022

Statement of Financial Position

for the year ended 31st December 2021

	Notes	2021 €	2020 €
Non-Current Assets			
Property, plant and equipment	6	1,514,576	1,590,921
Financial assets	7	44,817,126	35,702,077
		46,331,702	37,292,998
Current Assets			
Receivables	8	1,469,957	926,318
Cash and cash equivalents		4,594,232	6,810,564
		6,064,189	7,736,882
Current Liabilities (amounts falling due within one year)			
Payables	9	(8,917,839)	(8,479,323)
Net Current Assets		(2,853,650)	(742,441)
Total Assets less Current Liabilities (before retirement benefits)			
		43,478,052	36,550,557
Deferred funding asset for pensions	10 (b)	3,404,000	2,900,000
Retirement benefit obligations	10 (b)	(29,497,000)	(28,437,000)
Net Assets		17,385,052	11,013,557
Representing			
Retained revenue reserves	11	43,478,052	36,550,557
Retirement benefit reserve	11	(26,093,000)	(25,537,000)
Total		17,385,052	11,013,557

The Statement of Cash Flows and Notes on pages 54 - 68 form part of the financial statements.

Approved by the Council on and signed on its behalf by



Dr. Suzanne Crowe
President



Mr. Leo Kearns
Chief Executive Officer

Dated: 23rd June 2022

Statement of Cash Flows

for the year ended 31st December 2021

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

	2021	2020
	€	€
Net Cash Flows from Operating Activities		
Excess Income over expenditure	6,222,496	4,092,907
Net deferred funding for pensions	(553,000)	(444,000)
Depreciation and impairment of PPE	320,020	264,013
Gain on Disposals of Assets	(248)	(1,423)
Decrease / (increase) in receivables	(543,638)	66,397
Interest received	-	-
Increase / (decrease) in payables	438,516	323,047
Increase / (decrease) in retirement benefits charge	1,258,000	1,013,000
Receipts from investment portfolio	(92,392)	(69,484)
Payments of portfolio management fee	44,953	44,135
Fair value movement in financial assets	(4,067,700)	(999,981)
Net Cash Inflow from Operating Activities	3,027,007	4,288,611
Cash Flows from Investing Activities		
Interest received	-	-
Interest Expense	90	288
Payments to acquire property, plant & equipment	(243,729)	(384,276)
Investment in Cautious Multi-Asset portfolio	(5,000,000)	(18,900,000)
Investment in Short Duration European Bonds	-	(4,000,000)
Gain on Asset Disposal	300	1,639
Net Cash Flows from Investing Activities	(5,243,339)	(23,282,349)
Net increase / (decrease) in cash and cash equivalents	(2,216,332)	(18,993,738)
Cash and cash equivalents at 1 st January	6,810,564	25,804,302
Cash and cash equivalents at 31st December	4,594,232	6,810,564

Notes to the Financial Statements

for the year ended 31st December 2021

1. Accounting Policies

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

a) General Information

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

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

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

b) Statement of Compliance

The financial statements of the Medical Council have been properly prepared in accordance with Generally Accepted Accounting Practice in Ireland (accounting standards issued by the Financial Reporting Council of the UK, including FRS 102 "the Financial Reporting Standard applicable in the UK and the Republic of Ireland").

c) Basis of Preparation

The financial statements have been prepared under the historical cost convention, except for certain assets and liabilities that are measured at fair values as explained in the accounting policies below.

The financial statements are in the form approved by the Minister for Health with the concurrence of the Minister for Finance under the Medical Practitioners Act 2007. The following policies have been applied consistently in dealing with items which are considered material in relation to the Medical Council's financial statements.

d) Property, Plant & Equipment

Property, plant and equipment are stated at cost or at valuation, less accumulated depreciation. The charge to depreciation is calculated to write off the original cost or valuation of property, plant and equipment, less their estimated residual value, over their expected useful lives as follows:

Buildings	- 2% straight line
Leasehold improvements	- 5% straight line
Office equipment	- 20% straight line
Fixtures and fittings	- 12.5% straight line
Computer equipment and software development	- 33.3% straight line

Premises are subject to a policy of revaluation every 5 years with an interim valuation in year 3 per FRS 102. At 31st December 2021 no freehold premises were held on the Asset Register.

It is the policy of the Medical Council to revalue its artwork fixed assets every 5 years. A valuation was performed in 2019, the current market value of listed artwork has been reflected in the Financial statements. Software development costs on major systems are treated as capital items and are written off over the period of their expected useful life from the date of their implementation.

e) Financial Assets

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

The Council holds an investment in a fund consisting of bonds, cash investment funds and equitable shares in a number of companies which are listed and actively traded on recognised stock markets. The fund is managed external to the Council and is underpinned by the Medical Council's Investment policy.

Notes to the Financial Statements (continued)

for the year ended 31st December 2021

Income from the Investment portfolio (net of related withholding tax) is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves in the year in which it is receivable. The investment was initially recognised at cost and thereafter valued at fair value through the Statement of Income and Expenditure and Retained Revenue Reserves. Fair value is the mid-price of the securities in an active market at the reporting date after considering the tax payable on any gains earned. Changes in the fair value of investments are recognised in the Statement of Income and Expenditure and Retained Revenue Reserves in the year in which they occur.

f) Foreign Currencies

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

g) Income

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

h) Interest Income

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

i) Retirement Benefits

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

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

The retirement benefit charge to the SIERR is retirement benefits earned by employees in the period, current service costs and interest costs and are shown net of staff retirement benefit contributions which are retained by the Medical Council.

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

Retirement benefit obligations represent the present value of future retirement benefit payments earned by staff to date. The retirement benefit reserve represents the funding deficit on the retirement benefit scheme obligations.

The Council also operates the Single Public Services Pension Scheme ("Single Scheme"), which is a defined benefit scheme for pensionable public servants appointed on or after 1 January 2013. Single Scheme members' contributions are paid over to the Department of Public Expenditure and Reform (DPER). In addition, an employer contribution is also payable to DPER in accordance with DPER Circular 28/2016. The liability in respect of the Single Scheme members is matched by a deferred funding asset on the basis of the provisions of Section 44 of the Public Service Pensions (Single Scheme and other Provisions) Act 2012.

j) Operating Leases

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

Notes to the Financial Statements

for the year ended 31st December 2021

k) Receivables

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

l) Critical Accounting Judgements and Estimates

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

Impairment of Property, Plant and Equipment

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

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

Depreciation and Residual Values

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

Provisions

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

Retirement Benefit Obligation

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

The assumptions can be affected by:

- (i) the discount rate, changes in the rate of return on high-quality corporate bonds
- (ii) future compensation levels, future labour market conditions
- (iii) health care cost trend rates, the rate of medical cost inflation in the relevant regions.

Notes to the Financial Statements (continued)

for the year ended 31st December 2021

2. Income

Income items are made up as follows:

	2021 €	2020 €
Retention fees		
Annual retention fee payable by Doctors to retain their Registration on the Medical Register	12,405,452	12,074,445
Registration fees		
Internship	264,812	315,245
General registration	2,880,840	2,012,155
Restoration to General Register of Medical Practitioners	108,080	115,670
Specialist registration fees	125,810	116,840
	3,379,542	2,559,910
Miscellaneous income		
Service fees	19,090	15,400
Accreditation fees	-	-
Examinations	44,270	-
Certificate of good standing	193,195	151,610
Late payment fee	(200)	250
Legal costs recovered	3,000	3,000
Other	79,347	66,880
	338,702	237,140

3. Employees and Remuneration

	2021 €	2020 €
The staff costs are comprised of:		
Wages and salaries	5,281,719	4,095,683
Social welfare costs	404,321	404,322
	5,686,040	4,500,005
Retirement benefit costs (Note 10a)	1,407,820	1,191,568
	7,093,860	5,691,573

Included within Wages and Salaries expenditure is €74,000 reimbursement salary costs to Children's Health Ireland for the current President's salary.

Notes to the Financial Statements

for the year ended 31st December 2021

3.1 Pension-related deductions

	2021	2020
	€	€
Pension-related deductions	107,260	85,259
Amount due to the Department at year-end.	8,668	8,004

3.2 Bonus payments

No Bonus payments were made to staff during 2021 or 2020.

3.3 Aggregate Employee Salary costs

	Salary Costs	Termination benefits	Post-employment benefits	Other
Aggregate employee salary	3,652,138	-	-	-
Key management personnel	796,828	-	-	-
	2021	2020		
Chief Executive Officer (January-March)	32,656	130,624	-	-
Chief Executive Officer (April-December)	97,968	-	-	-

The gross salary paid to the CEO includes an adjustment in line with requirements specified under the Haddington Road Agreement. The pension entitlements of the Chief Executive Officer do not extend beyond the pension entitlements in the public sector defined benefit superannuation scheme.

3.4 Number of employees

The average number of persons employed during the year 2021 was 92 and during the year 2020 was 77.

4. Expenditure

Expenditure items are made up as follows:

	2021	2020
	€	€
General Administration		
Insurance	90,439	93,843
Light and heat	73,913	53,825
Repairs and maintenance	92,615	81,534
Printing, postage and stationery	34,262	44,094
File administration and storage	18,418	21,788
Telephone and broadband charges	55,636	48,975
Computer costs	469,942	350,798
Caretaking and cleaning	28,676	41,831
Security	10,985	12,930
Accreditations	103,673	9,600
Research	13,073	49,136
General expenses	51,719	73,998
Internal Audit	28,292	27,209
	1,071,643	909,561

Notes to the Financial Statements (continued)

for the year ended 31st December 2021

5. Taxation

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

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

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

6. Property, Plant & Equipment

Cost	Buildings & Leasehold Improvements	Office Equipment	Fixtures and Fittings	Computer Equipment	Total
	€	€	€	€	€
As at 1st January 2021	1,978,389	17,964	1,197,180	1,491,007	4,684,540
Additions	4,507	7,050	10,178	221,994	243,729
Work in Progress	-	-	-	-	-
Disposal	-	-	-	(3,175)	(3,175)
At 31st December 2021	1,982,896	25,014	1,207,358	1,709,826	4,925,094
Accumulated Depreciation					
As at 1st January 2021	832,844	16,378	1,129,089	1,115,308	3,093,619
Charge for the year	95,921	1,045	16,283	206,771	320,020
Disposals	-	-	-	(3,122)	(3,122)
At 31st December 2021	928,765	17,423	1,145,371	1,318,957	3,410,516
Net book value					
At 31st December 2021	1,054,131	7,591	61,987	390,869	1,514,578
At 31st December 2020	1,145,545	1,586	68,091	375,699	1,590,921

Listed amongst the values for fixtures and fittings is a small selection of decorative art which is situated in the offices at Kingram House. This artwork is valued in line with the directives of FRS 102 Section 17.3 - Heritage Assets. It currently has a carrying value of €15,772 following valuation in 2019. The artwork valuation was provided by Adam's Fine Art and Auctioneers.

Notes to the Financial Statements

for the year ended 31st December 2021

6.1 Property, Plant & Equipment Prior Year

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

7. Financial Assets

	2021	2020
	€	€
Fair Value		
At 1st January	35,702,077	11,777,035
Transfer New investments 2021	5,000,000	22,900,000
Fair value movement in financial assets	4,067,700	999,981
Investment income	92,392	69,484
Management fee	(44,953)	(44,135)
Interest income/(expenditure)	(90)	(288)
Funds To/(From) Portfolio	-	-
At 31st December	<u>44,817,126</u>	<u>35,702,077</u>

The fair value is the mid-price of the financial assets in an active market at the reporting date as the bid-price of the financial asset is not quoted. With reference to Note 1(e), the investments are underpinned by the Medical Council's investment policy which is available on the Medical Council's website.

Notes to the Financial Statements (continued)

for the year ended 31st December 2021

8. Receivables

	2021	2020
	€	€
Prepayments	1,344,275	838,943
Trade receivables	120,134	67,029
Sundry receivables	5,548	20,346
	1,469,957	926,318

Included in prepayments is an amount of €443,850 (2020: €484,200) being the balance of an upfront rent payment of €807,000 on the Kingram House property paid 11th March 2008. This is being written off over the remaining years of the lease.

9. Payables

	2021	2020
	€	€
Amounts falling due within one year		
Trade payables and accruals	1,645,491	1,371,099
Taxation	181,087	159,794
Deferred income - retention fees	6,262,190	6,163,368
Provision for legal costs	350,000	411,000
Bequest to charity / research	479,071	374,062
	8,917,839	8,479,323
Movement in legal provision:		
Legal provision at 1st January	411,000	445,000
Utilised in 2021	(61,000)	(195,000)
Provided for in 2021	-	161,000
	350,000	411,000

The Deferred income figure of €6.3m reflects retention fee income received in 2021 which pertains to a portion of 2022, this figure was €6.1m in 2020.

Notes to the Financial Statements

for the year ended 31st December 2021

10. Retirement Benefit Costs

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

	2021	2020
	€	€
Medical Council defined benefit scheme		
Current service costs	891,000	712,000
Interest Pension Costs	206,000	260,000
Employee contributions	(89,574)	(81,398)
	1,007,426	890,602
Single public sector scheme		
Current Service Cost	533,000	418,000
Interest Pension Costs	20,000	26,000
Deferred retirement benefit funding	(553,000)	(444,000)
Employer Contribution	400,394	300,966
	400,394	300,966

As detailed in the account policy above, the Medical Council operates a closed defined benefit pension scheme and for employees joining after the 1st of January 2013 the single public sector scheme.

Total retirement benefit cost **€1,407,820**

The Minister for Public Expenditure and Reform, based on actuarial considerations and pursuant to section 16 (4) of the Public Service Pension (Single Scheme and Other Provisions) Act 2012 has decided that:

- ▶ an employer contribution is to be paid in respect of certain members of the Single Public Sector Pension scheme and
- ▶ the rate of that Employer contribution is equal to three times the employee contribution paid by the single scheme member.

Employer contributions must be paid by public service bodies who are “wholly or mainly from sources other than directly or indirectly out of the Central Fund”.

As a self-financing public body entity, the sum of €400,394 represents the Medical Council's employer contributions to the Single Public Service Pensions scheme for the period 1st January 2021 to 31st December 2021. This liability has been remitted to the Department of Public Expenditure and Reform.

In addition, employee contributions by SPSPS members amounted to €133,465 in 2021 and were remitted to the Department of Public Expenditure and Reform.

Notes to the Financial Statements (continued)

for the year ended 31st December 2021

b. Movement in net retirement benefit obligations

	2021 €	2020 €
Net retirement benefit obligations at 1st January	28,437,000	24,031,000
Current service cost	1,428,000	1,130,000
Interest costs	222,000	286,000
Actuarial loss/(gain)	(198,000)	3,393,000
Retirement benefits paid in the year	(392,000)	(403,000)
Medical Council defined benefit scheme Total	29,497,000	28,437,000
Medical Council defined benefit scheme	26,093,000	25,537,000
Single Public Sector Pension Scheme	3,404,000	2,900,000
Net retirement benefit obligations at 31st December	29,497,000	28,437,000

Single Public Sector Pension Scheme Deferred Funding

The deferred funding asset of the Single Public Pension Scheme increased by €504,000 from 2020 to 2021, €553,000 of the deferred funding asset is included within retirement benefit costs in the Statement of Income and Expenditure and Retained Reserves, a gain of €49,000 has been accounted for through the Statement of Comprehensive Income as per the provisions of Section 44 of the Public Service Pensions (Single Scheme and other Provisions) Act 2012.

c. History of defined benefit obligations

	2021 €'000	2020 €'000	2019 €'000	2018 €'000
Defined benefit obligations	29,497	28,437	24,031	20,797
Experience losses / (gains) on defined benefit scheme obligations	800	2,827	1,796	592

d. General description of the scheme

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

The results set out below are based on an actuarial valuation of the retirement benefit obligations in respect of serving and retired staff of the Council as at 31st December 2021. This valuation was carried out by a qualified independent actuary for the purposes of the accounting standard, Financial Reporting Standard No. 102 – Retirement Benefits (FRS 102).

	2021	2020
Rate of increase in salaries	3.00%	2.50%
Rate of increase in retirement benefits in payment	2.50%	2.00%
Discount rate	1.20%	1.20%
Inflation rate	2.00%	1.50%

Notes to the Financial Statements

for the year ended 31st December 2021

d. General description of the scheme (continued)

Mortality basis:

	%
Males	58% ILT 15M
Females	62% ILT 15F

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

	2021	2020
Male aged 65	21.8 years	21.5 years
Female aged 65	24.2 years	24.0 years

e. Deferred funding asset for pensions

In compliance with the Public Service Pensions (Single Scheme and Other Provisions) Act 2012, the Medical Council as the “Relevant Authority” has calculated the retirement benefit applicable to the Single Public Sector Pension Scheme at the 31st December 2021.

The deferred funding asset for pensions relates to the creation of an asset equal to the defined benefit liability of this scheme. The liability in respect of the Single Scheme members is matched by a deferred funding asset on the basis of the provisions of Section 44 of the Public Service Pensions (Single Scheme and other Provisions) Act 2012.

11. Reserves

	Retirement Benefit Reserve €	Retained Reserves €	Total €
At 1st January 2021	(25,537,000)	36,550,556	11,013,556
Surplus for the year	-	6,222,496	6,222,496
Actuarial gain for the year	149,000	-	149,000
Transfer to retirement benefits reserve	(705,000)	705,000	-
At 31st December 2021	(26,093,000)	43,478,052	17,385,052

The retirement benefits reserve relates to the Medical Council’s defined benefit scheme and represents the cumulative cost of retirement benefits less amounts paid out to date. The transfer of €705,000 in the year represents the difference between the full cost of retirement benefits recognised in the Statement of Income and Expenditure and Revenue Reserves Account relating to the Council’s scheme of €1,097,000 and the benefits paid out in the year of €392,000.

Notes to the Financial Statements (continued)

for the year ended 31st December 2021

12. Operating Lease Commitments

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

At 31st December 2021 the Medical Council had the following future minimum lease payments under non-cancellable operating leases for each of the following periods:

	2021	2020
	€	€
Payable within one year	827,500	827,500
Payable within two to five years	3,310,000	3,310,000
Payable after five years	4,965,000	5,792,500
	<u>9,102,500</u>	<u>9,930,000</u>

Operating lease payments recognised as an expense were €827,500 (2020: €827,500). In September 2018 the Medical Council entered into a contract for additional office space due to limited space at Kingram House. The cost of this for 2021 included in the Rent and Rates expense was €111,776. In November 2021 the Medical Council entered into an additional 12-month lease for additional office space due to refurbishment works at Kingram House. The cost of this for 2021 included in the Rent and Rates expense was €70,186.

13. Contingent Liabilities

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

14. COVID-19

Impact of Covid-19 on the Medical Council

As with 2020, the impact of Covid-19 on the Council can be said to have challenged the organisation, tested the ability to conduct business but demonstrated that the Medical Council has risen to those challenges and has adapted well to new ways of working, and continues to enhance our remote capabilities.

Overview

The Medical Council office in Kingram House has remained closed to the majority of staff and to the public since 16th March 2020, when the office had to close due to a potential Covid-19 case, a few days before national restrictions were put in place.

While a small staffing presence has been maintained at Kingram House, post the initial close down, most staff have been required to work from home. The Council has temporarily relocated to Europa House to allow for mechanical, electrical and minor refurbishment works in Kingram House. At various points in 2021, in between the various restrictions, small numbers of staff began to return to the office for short periods of time in accordance with our health and safety plans and Covid policies.

Council meetings, Committee meetings, and staff meetings all continued remotely throughout 2021.

Throughout 2021, the Medical Council diligently adhered to public health guidance in relation to Covid-19.

Notes to the Financial Statements

for the year ended 31st December 2021

14. COVID-19 continued

Fitness to Practise

The Council has mainly been using an online platform, called Trialview, for most of 2021 as well as the Zoom meeting platform. This has allowed the Council to continue to hear Fitness to Practise Inquires remotely allowing the Council to address the backlog of cases waiting to be heard. Inquiries continue to be heard remotely.

In total 25 inquiries were heard in 2021; 24 remotely and one inquiry was held as a hybrid – both socially distanced in line with public health guidelines and some participants involved remotely.

High Court confirmation hearings have been heard both in person and remotely in line with public health restrictions at the point in time.

Complaints and Investigations

The work of the Complaints and Investigations team was affected for a period of time and had to triage complaints, prioritising serious complaints but are now opening the less serious complaints that were triaged. On occasion there had been delays in receiving submissions or reports due to the impact of Covid-19 in the health service. The Complaints and Investigations Team have also triaged complaints, prioritising complaints with the greatest patient safety impact however all complaints are now progressing. The Preliminary Proceedings Committee continues to meet remotely, and complaints are progressing.

Professional Competence, Research & Ethics Directorate

In 2021, Performance Assessment functions continued to be hampered by Covid-19 restrictions, most notable were those requiring site visits. However, activities that could be delivered remotely were identified and progressed. While some areas of assessment may be suited to ongoing remote approaches, other aspects require on-site assessment.

Education & Training Directorate

There were some delays and issues impacting the delivery of a number of the Education and Training objectives for the year due to the combination of Covid-19 restrictions and the complex nature of the ongoing Review of Standards project, a project to further enhance medical education regulation, and the specialty recognition process. Two planned objectives which faced issues included determining which Anatomy Departments should receive priority in the inspection cycle and the completion of the inspection process for clinical training sites.

The constraints of COVID-19 also had some impact on the planned accreditation process for undergraduate and postgraduate medical education and training programmes, however, one undergraduate (as planned) and eight postgraduate (out of 13 planned) accreditations were completed.

Registration Directorate

Due to the pandemic, Registration continued to work remotely and provided a full-service including call handling services. Due to the pandemic, PRES 3 exams were cancelled. The first sitting since Autumn 2019 was in November 2021.

In response to the Covid-19 pandemic, the Government introduced emergency legislation whereby previously registered doctors could apply to restore their name to the register in order to assist with the HSE's "Be on call for Ireland" campaign. This is a temporary registration and was due to expire on 30th June 2020 but due to the ongoing pandemic, was extended to 30th June 2022. In December 2021 the Medical Council wrote out to 277 doctors to advise that Covid registration was being extended until 30th June.

For first-time applications, there continues to be some minor delays in processing some applications, such as delays in supporting documentation coming from other competent authorities, for example, certificates of good standing, etc.

To address some system limitations a new registration database and system is being implemented with testing and development throughout 2021 and a first phase go-live due in Q1 2022.

Notes to the Financial Statements

for the year ended 31st December 2021

Return to office-based working

The Medical Council moved to temporary accommodation during the pandemic to enable an upgrade of the mechanical and electrical and minor refurbishment works in Kingram House. This work is necessary to facilitate lease and legislative requirements.

The pandemic has had a significant delay on the tender, and commencement of the related works.

The Medical Council has been working with skeleton staff onsite in compliance with Government and Public Health guidance. This has impacted across all aspects of Executive functions. As restrictions are lifting, staff are returning to onsite working. The Council has been preparing a Hybrid working policy which defines the criteria to facilitate a mix of onsite and offsite work. This is still under development, but staff are returning to the office based on business requirements. A total remote working model impacts on business efficiency, collaboration, and organisation culture.

Risk Management

In preparation for the roll out of risk management software via Decision Time, the Executive began a review of all risk descriptors, controls and rankings. Two new risk registers were created to reflect internal organisational change, and risks related to Covid-19 removed or downgraded to reflect the adaptability of the Medical Council to a change in working model.

Health & Safety

The Medical Council continues to comply with the Safety, Health and Welfare Act 2005 (as amended) and the Safety, Health and Welfare at Work (General Application) Regulations 2007-2020. The Medical Council operates robust health and safety policies and procedures for staff working on-site or remotely and for members of the public who may wish to attend the Medical Council Kingram House office. Throughout 2021, the Medical Council diligently adhered to public health guidance in relation to Covid-19.

15. Approval of Financial Statements

The financial statements were approved by the Council on 23rd June 2022.

Appendices

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Appendix A

Council Meetings, January 1st – December 31st 2021

Council Meetings 2021	Total Number of Meetings
Council Meetings - Governance	5
Council Meetings - Regulatory	12
Extraordinary Council Meetings	20
Total	37

Council Member	Governance Meetings	Regulatory Meetings	Extraordinary Meetings	Total
Dr Suzanne Crowe President	5	12	14	31
Dr Thomas Crotty Vice President	5	8	13	26
Dr Anthony Breslin	0	3	0	3
Ms Vicky Blomfield	4	10	8	22
Ms Teresa Bulfin ¹	5	12	14	31
Ms Marie Culliton ²	2	3	2	7
Dr Mary Davoran ³	2	4	1	7
Mr Ian Drennan ⁴	4	9	12	25
Prof Paul Finucane ⁵	2	5	6	13
Mr John Gleeson	5	12	17	34
Mr Paul Harkin	5	12	16	33
Professor John Hyland	3	10	10	23
Ms Jill Long ³	2	6	4	12
Professor Marina Lynch ¹	3	10	12	25
Dr Michael McGloin	5	11	13	29
Prof Joe McMenamin ⁵	5	11	13	29
Dr Aoife Mullally	5	6	5	16
Mr John Murray	3	11	16	30
Dr Margaret O'Riordan ⁵	3	7	2	12
Mr Jim O'Sullivan ¹	4	9	11	24
Professor Mary O'Sullivan	5	11	12	28
Mr Ronan Quirke ³	2	5	2	9
Professor Edna Roche ⁵	3	6	1	10
Mr Bill Maher ⁶	0	0	0	0
Dr Rita Doyle ⁷	2	5	11	18
Dr John Barragry ⁷	2	3	9	14
Ms Mary Duff ⁷	2	1	5	8
Professor Fidelma Dunne ⁷	1	4	1	6
Dr Erica Maguire ⁸	0	0	1	1
Dr Maeve Moran ⁹	2	4	0	6
Mr Joe O'Donovan ¹⁰	2	3	5	10
Mr Tom O'Higgins ¹¹	2	5	9	16

In line with the recommendations of the Code of Practice for the Governance of State Bodies, 2016, the Medical Council adopted a “rolling term” in 2021, whereby 10 Council members agreed to a shorter term of 3 years. This was to ensure that the Council does not have to be replaced en masse and to ensure that the Council has the necessary experience to discharge their responsibilities effectively. The term of office of these members ended on 31 May 2021. A recruitment process was undertaken to fill seven of the vacancies and three Council Members were re-appointed by the Minister commencing 1st June 2021.

¹ Re-appointed on 1 June 2021

² Appointed 27 Aug 2021

³ Appointed 14 June 2021

⁴ Appointed 4 Jan 2021

⁵ Appointed 8 January 2021

⁶ Appointed 8 Dec 2021

⁷ Term ended 31 May 2021

⁸ Resigned 28 July 2021

⁹ Resigned 31 May 2021

¹⁰ Resigned 4 Aug 2021

¹¹ Term ended 31 May 2021

Committees

Audit, Finance and Risk Committee

Eight meetings held in 2021

The Audit, Finance & Risk Committee is chaired by Mr Ian Drennan. The Committee is responsible for monitoring the integrity of the financial statements, reviewing the effectiveness of internal control and risk management systems and leading on the financial development of the Medical Council. The Committee is comprised of seven Council members and two external members. There were eight meetings in total, four ordinary and four extra-ordinary. All meetings were held virtually.

Name	Meetings
Mr Joe O'Donovan (Chairman until July 2021)	6
Mr Jim O'Sullivan (Interim Chair - August meeting)	7
Dr Thomas Crotty	3
Mr Tom O'Higgins	6
Ms Joan O'Connor	6
Dr Suzanne Crowe	7
Dr John Barragry (member until June 2021)	5
Dr Donal O'Connor	8
Mr Ian Drennan (Chairman from November 2021)	1
Professor Edna Roche (new member from November 2021)	0

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

Seven meetings held in 2021

The training needs of tomorrow's medical practitioners, and ongoing education requirements of those currently registered is overseen by the Education and Training Committee. The Committee is chaired by Professor Mary O'Sullivan. The Committee comprised 19 members. All meetings were held virtually.

Name	Meetings
Professor Mary O'Sullivan (Chair from 28/7/2021)	6
Professor Edna Roche (Vice Chair from 28/7/2021)	3
Mr Declan Ashe	4
Dr John Barragry	3
Dr Deirdre Bennett	5
Ms Teresa Bulfin	6
Professor John Jenkins	6
Professor Alan Johnson	6
Mr Graham Knowles	6
Professor Brendan Loftus	6
Dr Aoife Mullally (until 1/6/2021)	5
Dr Sinéad Murphy	5
Dr Caroline Herron (from 28/7/2021)	2
Dr Carol Norton (until 1/6/2021)	2
Dr Gozie Offiah	6
Professor Oscar Traynor	6
Dr Tom Crotty (Ex officio)	5
Dr Suzanne Crowe (Ex Officio) (from 28/7/2021)	2
Dr Rita Doyle (Ex Officio) (until 1/6/2021)	0

Registration and Continuing Practice Committee

Seven meetings held in 2021

The purpose of the Registration and Continuing Practice Committee is twofold; to ensure effective establishment and maintenance of the register of medical practitioners and to ensure ongoing maintenance of professional competence of registered medical practitioners.

The Committee is assisted and supported by three sub-committees, the Performance Assessor Subcommittee, the Registration Adjudication Panel, and the Registration Review Board. Terms of Reference for the Committee and its sub-committees were developed/revised and approved during 2019. The Committee is comprised of ten members.

Name	Meetings
Dr Anthony Breslin	5
Ms Teresa Bulfin	6
Mr John Gleeson	7
Dr Muiris Houston	4
Dr Joe Hennessy	6
Dr Anna Clarke	6
Ms Katharine Bulbulia	7
Dr Sinead O’Gorman	7
Mr Patrick Murphy	6
Professor Paul Finucane*	0

* Professor Paul Finucane appointed to the registration and Continuing Practice Committee in August 2021

Strategy and Governance Committee

Six meetings held in 2021

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

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

The Committee is comprised of six Council members.

Name	Meetings
Mr Paul Harkin (Chair)	6
Ms Vicky Blomfield	5
Dr Suzanne Crowe	5
Mr John Gleeson	5
Dr Tom Crotty	2
Professor Mary O’Sullivan ¹	0
Dr Mary Davoren ²	1
Dr Rita Doyle ³	3
Dr Anthony Breslin ⁴	0

¹ Professor Mary O’Sullivan was appointed to the Committee at the Council meeting held on the 4th August 2021

² Dr Mary Davoren was appointed to the Committee at the Council meeting held on the 4th August 2021

³ Dr Rita Doyle resigned from the Committee at the end of her Term of Office on Council on the 31st May 2021

⁴ Dr Anthony Breslin was replaced by Dr Tom Crotty following Dr Breslin’s resignation as Vice -President effective from 3rd March 2021.

Ethics and Professionalism Committee

Eight meetings held in 2021

The Ethics Committee was established to specify standards of Ethics & Professionalism for registered medical practitioners; including the organisation, publication, maintenance and review of appropriate guidance on all matters related to professional conduct and ethics for registered medical practitioners; and to review and produce updates to the “Guide to Professional Conduct and Ethics for Registered Medical Practitioners” as required during each five-year term of office.

Ethics Committee Meetings 2021

Name	Meetings
Dr Suzanne Crowe	7
Mr John Gleeson	4
Ms Audry Deane	7
Dr Máirtín Ó Maoláin	6
Dr Anne Phelan	7
Dr Patrick Devitt	7
Professor Deirdre Madden	7
Mr John Murray	6
Dr Barry Lyons*	5
Dr Margaret O’Riordan*	6

* Joined Committee in 2021 following January meeting.

Preliminary Proceedings Committee

Eleven meetings held in 2021

The Preliminary Proceedings Committee is established under Section 20(2) of the Medical Practitioners Act 2007 to consider initial complaints. The committee is chaired by Mr John Gleeson.

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

Name	Meetings
Mr John Gleeson (Chair)	11
Ms Teresa Bulfin (Vice Chair)	11
Dr Thomas Crotty	10
Dr Aoife Mullally	9
Dr Ailis Quinlan	10
Ms Mairie Cregan	11
Ms Sandra Daly	7
Professor Siobhan Gormally	9
Mr Stephen Kealy	11
Professor Geraldine M McCarthy	7
Professor Fergus D O’Kelly	9
Dr Margaret O’Riordan ¹	3
Professor Edna Roche ¹	3
Professor Paul Finucane ¹	3
Dr Mary Davoren ¹	2
Dr Erica Maguire ²	2
Dr John Barragry ²	5
Professor John Hyland ²	5
Dr Maeve Moran ²	0
Dr Deirdre Forde ²	5

¹ Dr Margaret O’Riordan - joined Committee September 2021

¹ Prof Edna Roche - joined Committee September 2021

¹ Prof Paul Finucane - joined Committee September 2021

¹ Dr Mary Davoren - joined Committee September 2021

² John Barragry – term ended May 2021

² John Hyland – term ended May 2021

² Maeve Moran – resigned May 2021

² Erica Maguire – resigned July 2021

² Deirdre Forde – resigned July 2021

Health Committee

Seven meetings held in 2021

The Health Committee's primary role is to monitor and support medical practitioners to maintain their registration during illness and/or disability. A relevant medical disability is defined at section 2 of the Medical Practitioners Act as a physical or mental disability of the practitioner (including addiction to alcohol or drugs) which may impair the practitioner's ability to practise medicine or a particular aspect thereof. Such medical practitioners may come to the attention of the Medical Council in a variety of ways, including: self-referral; referral by a third party or referral from the Council.

The Committee reports to the Council and is made up of at least two general practitioners, at least two psychiatrists, one occupational health physician, two psychotherapists and two lay members. There were seven plenary meetings of the Committee in 2021, all conducted via Zoom. A review session between the two members of the Committee and the individual medical practitioners typically last about one hour. During the review session the Committee members will discuss the medical reports with the medical practitioner and any issues relevant to the medical practitioner's health that the members consider appropriate under the circumstances.

Name	Meetings
Dr Michael McGloin (Chair)	7
Dr Rita Doyle	4
Mr Rolande Anderson	7
Dr Ailis Ni Riain	7
Dr Fiona Magee	6
Dr Mark Murphy	6
Dr Eamon Keenan	6
Prof Marina Lynch	6
Mr Patsy Brady	6
Ms Cornelia Stuart	6
Dr Abbie Lane	6
Dr Keith Purdue	6
Dr Andree Rochfort	6

Fitness to Practise Committee

25 meetings held in 2021

The Fitness to Practise Committee is established under section 20(2) of the Medical Practitioners Act 2007 to hold inquiries into complaints. Inquiries are heard by a "Panel" which is made up of three members of the Fitness to Practise Committee, two non-medical members and one medical practitioner with at least one of the members being a Council member.

The Committee would ordinarily hear both evidence as to fact and expert evidence and thereafter decide on the guilt or not of the medical practitioner against whom the complaint was made. The inquiry is similar to a hearing before a Court or Tribunal and can be heard in public or private.

Name	Attendance for FTP Inquiries / Callover	FTP Meeting and Training
Ms Mary Duff (Chair)	4	1
Mr Paul Harkin (Chair)	19	1
Ms Vicky Blomfield	4	0
Mr Joe O'Donovan	0	0
Ms Marina Lynvh	3	0
Mr John Murray	4	1
Mr Tom O'Higgins	0	1
Mr Jim O'Sullivan	1	0
Prof Mary O'Sullivan	2	1
Prof Fidelma Dunne	0	0
Dr Michael McGloin	8	0
Dr Suzanne Crowe	0	1
Ms Valerie Beatty	10	1
Ms Anne Carrigy	3	1
Mr Fergus Clancy	0	1
Ms Mary Caroline Devins	3	1
Mr Peter Fleming	0	1
Mr Stephen McGovern	1	1
Mr Brian Horgan	0	0
Ms Marie Kehoe-O'Sullivan	0	0
Ms Veronica Larkin	3	1
Ms Celine Neary	0	0
Ms Anne Pardy	4	1
Mr Ronan A Quirke	2	1
Mr Eugene Renehan	5	1
Dr Michael Ryan	0	1
Ms Pauline Treanor	0	0
Dr Declan Woods	0	1
Dr John Casey	7	1
Mr Liam G Conroy	5	1
Dr Gautam Gulati	1	1
Prof Patrick K Plunkett	4	1
Mr Diarmuid O'Donoghue	1	1
Dr Claire McNicholas	5	1
Dr Marie Milner	1	1
Ms Jill Long	4	0
Prof Joe McMenamin	4	0

Monitoring Committee

Eight meetings held in 2021

The purpose of the Monitoring Committee is the monitoring of a practitioner's compliance with conditions attached to the retention of their name in the Register. Conditions can be attached to a registered medical practitioner's registration pursuant to sections 53(3) and/or 71(c) of the Medical Practitioners Act 2007.

The Committee would also produce and review a bank of conditions to assist the FTP Committee and Medical Council when attaching conditions to a registered medical practitioner's registration in order to ensure that conditions can both be met by the practitioner and the Committee can confirm compliance. All Monitoring Committee meetings in 2021 were conducted via Zoom.

Name	Meetings
Ms Vicky Bloomfield (Chair)	5
Dr Ailis Ni Riain	4
Dr John Casey	6
Dr John Hyland	5
Professor Seamus O'Mahoney	6
Professor Tom Clarke	6
Mr Conor McCrystal	6

Appendix B

Registration Statistics

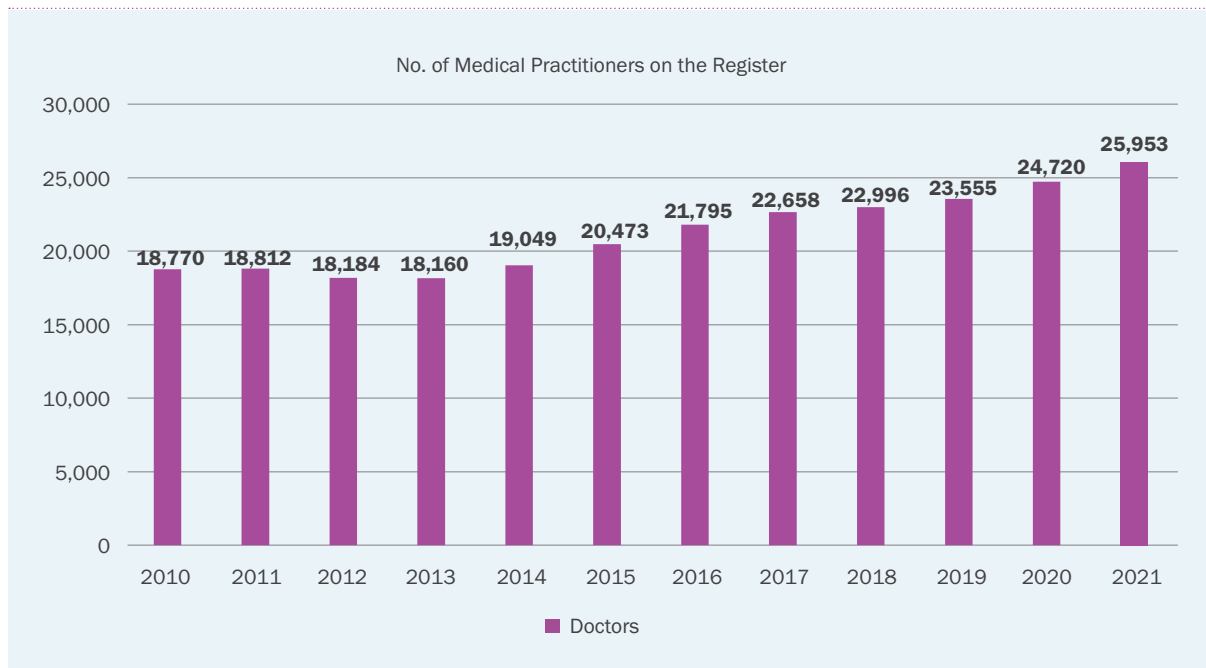
- Pre-registration Examination Statistics
- Number of Medical Practitioners on the Medical Council Register
- Divisions of the Medical Register
- Categories of Applicant
- Gender Breakdown
- Age range and gender of Medical Practitioners on the Medical Council Register

Pre-Registration Examination Statistics

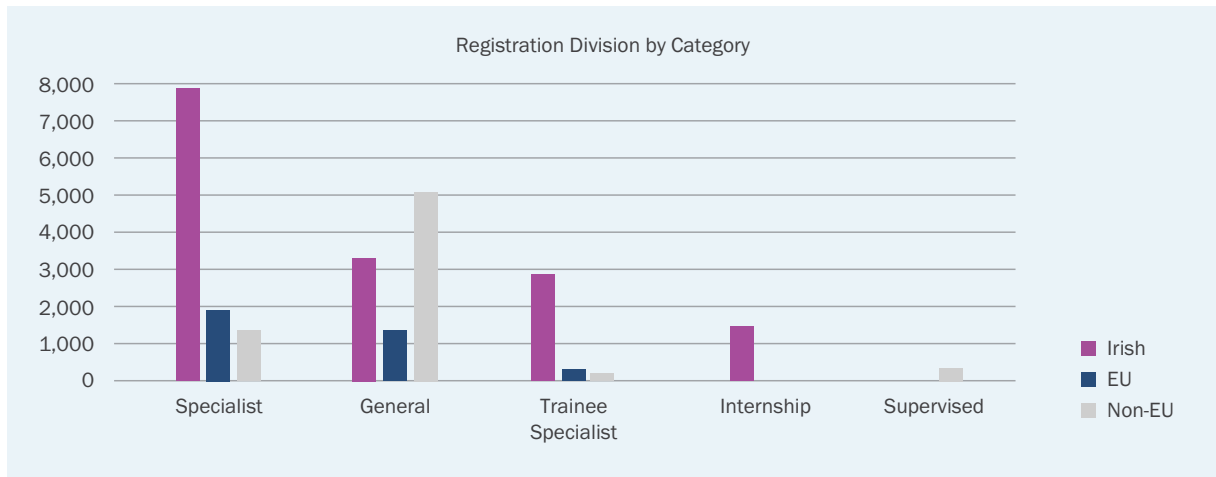
PRES Statistics	Pass	Fail	Total
2021*	47	7	54

* Due to Covid-19 restrictions, the PRES 3 was held once in 2021. 78 candidates resident in Ireland were offered the opportunity to sit the exam, of which 54 sat the full exam.

Number of Medical Practitioners on the Medical Council Register



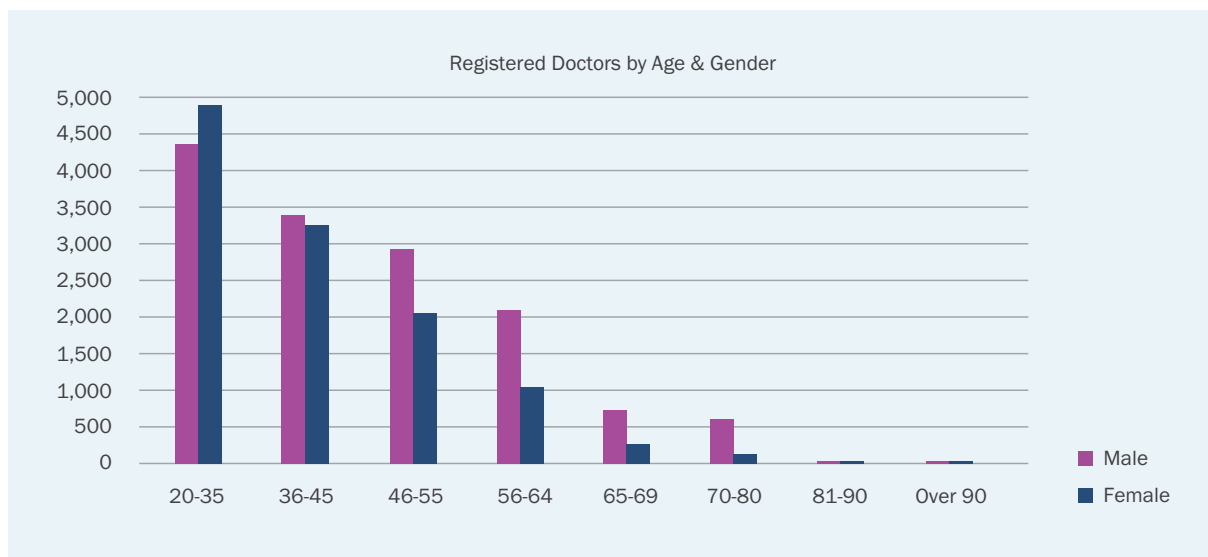
Divisions of the Medical Register	2021		2020		2019	
	Number	%	Number	%	Number	%
General Division	9,775	37.6	9,212	37.3	9,126	38.7
Specialist Division	11,053	42.6	10,564	42.7	10,023	42.6
Trainee Specialist Division	3,356	13	3,220	13	2,981	12.7
Intern Registration	1518	5.8	1,501	6.1	1,254	5.3
Supervised Division	251	1	223	0.9	171	0.7
Visiting EEA	0	0	0	0	0	0
Total	25,953	100%	24,720	100%	23,555	100%



Categories of Applicant	2021		2020		2019	
	Number	%	Number	%	Number	%
Category 1 (Qualified in Ireland)	15,400	59.4	14,885	60.2	13,844	58.8
Category 2	2,808	10.8	2,690	10.9	2,550	10.8
Category 3	911	3.5	877	3.5	817	3.5
Category 4 (Qualified outside EU/EEA)	6,834	26.3	6,268	25.4	6,345	26.9
Total	25,953	100%	24,720	100%	23,556	100%

Gender Breakdown	2021			2020			2019		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Gender of Medical Practitioners on the Register									
Total number of docs registered	14,239	11,714	25,953	13,750	10,970	24,720	13,339	10,216	23,555
%	54.86	45.14	100%	55.6	44.4	100%	56.6	43.4	100%

Age Range and Gender of Medical Practitioners on the Medical Council Register	2021			
	%	Totals	Male	Female
20-35	36%	9,326	4,418	4,908
36-45	25.8%	6,707	3,406	3,301
46-55	19.4%	5,047	2,989	2,058
56-64	12%	3,107	2,081	1,026
65-69	3.8%	984	719	265
70-80	2.8%	729	585	144
81-90	0.2%	48	38	10
Over 90	0.02%	5	3	2
Total	100%	25,953	9,821	11,714



Appendix C

Complaints and Fitness to Practise Inquiry Statistics

- Origin of Complaints opened
- Complaints by gender of Medical Practitioner
- Complaints by division of the Register
- Complaints by age range
- Area of Qualifications
- Types of complaints received
- Complaints considered by PPC
- Fitness to Practise Inquiries
 - Inquiries Held
 - Outcomes
 - Public/Private
 - Sanctions Imposed
 - Legal Representation
 - Reasons for Private Hearings
 - Section 60 Applications
 - Monitoring Committee
 - Health Committee

Origin/source of complaints received in 2021	2021	2020	2019
Member of the public	171	219	357
Healthcare Professional	24	21	26
The Medical Council – The medical practitioner’s conduct came to the attention of the Medical Council whether through the media or otherwise (incl. anonymous complaints)	16	27	22
The Medical Council, having been notified by a body in another state	13	2	14
Solicitor or Solicitors firm not acting on behalf of a member of the public (i.e. complaining about a failure to furnish a report etc.)	2	5	2
Healthcare Institution (private hospitals, nursing homes etc.)	3	1	3
HSE	4	3	4
Other Irish Regulatory Body	0	0	2
Patient Advocacy Group	0	1	0
Anonymous	(see above)	0	1
Total	233	279	431

Complaints by gender of Medical Practitioner	2021	2020	2019
Male	-*	223	334
Female	-*	88	151
Total	287	311	485
Number of medical practitioners on the Register	25,953	24,720	23,580
% of medical practitioners complained against	1.11%	1.3%	2%

* Data unavailable due to change in reporting process.

Divisions of the Register	2021	2020	2019
General Division	84	49	131
Specialist Division	198	172	343
Trainee Specialist Division	4	2	1
Intern Registration	1	0	0
Supervised Division	0	0	0
Total	287	223	481

Complaints by Age Ranges	2021	2020	2019
20-35 Years	24	13	38
36-45 Years	63	67	112
46-55 Years	95	99	156
56-64 Years	59	93	117
65+ Years	46	39	58
Total	287	311	451

Area of Qualification of medical practitioners complained against	2021	Male	Female
Qualified in Ireland (Cat 1)	219	*Data not available (see note below)	
Qualified in EU/EEA (Cat 2)	28		
Qualified outside EU/EEA (Cat 3 & 4)	40		
Total	287		

* Data unavailable due to change in reporting process.

Types of Complaints Received

Categories of Complaints Received

Professional Conduct	2021	2020	2019
Criminal Convictions	2	3	2
Informing Medical Council of other regulatory proceedings/decisions, criminal charges and/or convictions	10	4	8
Breach of the Medical Practitioners Act 2007	1	5	13
Dishonesty	14	12	28
Total	27	24	51

Responsibilities to Patients	2021	2020	2019
Reporting obligations concerning abuse of children/elderly/vulnerable adults	6	2	10
Treating patients with dignity	21	17	42
Refusal to treat	5	26	19
Conscientious objection	5	0	0
Emergencies	5	3	7
Appropriate Professional Skills	9	11	25
Adequate language Skills	0	2	6
Communication	85	105	170
Physical and intimate examinations	17	5	14
Personal relationships with patients	3	2	8
Assisted Human Reproduction	0	1	1
End of life care	5	1	1
Total	161	175	303

Professional Practice	2021	2020	2019
Maintaining Competence	6	0	9
Reporting concerns about colleagues	2	0	9
Professional relationships between colleagues	9	4	6
Professional Indemnity	2	0	0
Accepting Posts	0	0	2
Treatment of relatives	4	2	5
Advertising	0	2	0
Premises and Practice Information	1	4	4
Medical reports	7	18	28
Certification	5	2	7
Prescribing	33	50	51
Referral of patients	13	16	26
Locum and rota arrangement	1	1	1
Telemedicine	5	0	0
Retirement and transfer of patient care	2	2	3
Fees	2	8	11
Total	92	109	162

Medical Records and Confidentiality	2021	2020	2019
Maintenance of accurate and up to date patient medical records	14	5	27
Confidentiality	4	10	43
Total	18	15	70

Relevant Medical Disability	2021	2020	2019
Alcohol Abuse	2	5	4
Drug Abuse	1	2	4
Mental or behavioural illness	0	1	0
Physical illness	1	1	0
Total	4	9	8

Treatment	2021	2020	2019
Consent	8	11	16
Clinical investigations and examinations	67	56	124
Diagnosis	50	55	107
Follow up care	33	40	58
Surgical Procedures	20	15	31
Continuity of care	20	21	18
Other	0	0	0
Total	198	198	354
Total No of Categories	500	530	948

Complaints considered by Preliminary Proceedings Committee

PPC Decisions	2021	2020	2019
PF	40	26	47
NPF	207	205	341
Total	247	231	388

NPF of Which	2021	2020	2019
No further action	193	188	316
Mediation	0	0	0
Professional Competence	5	1	4
Withdrawal refused	2	3	2
Withdrawal accepted	9	16	18

Fitness to Practise Inquiries

Inquiries Held	2021	2020	2019
Completed	23	27	34
Adjourned	2	0	0
Pending	93	82	71
No. of Inquiry Days	40	25	75
Average No. of days per inquiry	1.6	0.9	2.2

Outcomes of Inquiries	2021	2020	2019
Guilty of Professional Misconduct	4	5	9
Guilty of Relevant Medical Disability (RMD)	0	2	1
Poor Professional Performance	6	2	6
Not Guilty/Fit to engage in practice of medicine/no case	1+1 RIP	0+1RIP	5 + 1 RIP
Undertaking pursuant to S67	10	16	10
Contravention of the Act	0	4	5
Failure to comply with relevant condition	1	0	0

Inquiries Held in	2021	2020	2019
Public	12	9	14
Private	13	18	20

Sanctions Imposed on a RMP by Council	2021	2020	2019
Cancellation of registration (2007 Act)	1	1	2
Conditions	3	3	13
Suspensions	1	0	2
Advise/Admonish/Censure	6	7	12
Censure in writing and fine	0	0	0
Total	11	11	27

Year	Represented medical practitioners	Unrepresented medical practitioners
2021	16	9
2020	13	14
2019	18	16

Reasons for Complaints held in private	2021	2020	2019
Medical Practitioners Health	2	4	4
Respect for Privacy by Complainant	2	2	4
Nature of the Complaint	0	1	3
Completed at Preliminary Stage/Callover	9	11	9

No. of section 60* applications/undertakings to Council	2021	2020	2019
No. of Matters considered by Council under S60	18	16	8
No. of Applications to High Court	6	8	6
No. of Undertakings	6	5	2

A section 60 application can be made by the Medical Council to the High Court in order to immediately suspend the registration of a registered medical practitioner, whether or not the practitioner is the subject of a complaint, if it is deemed necessary to protect the public.

Monitoring Committee	2021	2020	2019
No. of medical practitioners with conditions	11	14	17
No. of new medical practitioners with conditions attached	2	9	14
No. of medical practitioners no longer with the Monitoring Committee	5	12	16

Health Committee	2021	2020	2019
No. of medical practitioners supported by the Health Committee	49	50	45
No. of new medical practitioners with the Health Committee	11	14	10
Released from support of the Health Committee	10	4	6

Reasons for Referral to Health Committee	2021	2020	2019
Substance Misuse	21	17	16
Mental Health Issue	25	30	26
General Health Issue	3	3	3

Sources of Referral to Health Committee	2021	2020	2019
Self	17	16	10
Third party	17	20	21
Medical Council	15	14	14

Appendix D

Freedom of Information Statistics

Freedom of Information

The Medical Council is subject to the Freedom of Information Act 2014 and continuously strives to promote transparency and openness in the release of records. To support information being available in an accessible manner, Disclosure Logs are published quarterly on the Medical Council website, with an updated Publication Scheme to be available in 2022.

Type of Request	2021
Personal	37
Non-Personal	25
Mixed	1

No. of Freedom of Information Requests	2021
Brought Forward from Previous Year	2
Requests Received in Current Year	61
Cases answered in Current Year	63
Live Cases at Year End	-

Status of Requests	2021
Granted	5
Part Granted	32
Refused	22
Withdrawn	4
Open at Year End	0
Transferred	0
Internal reviews	5
Office of Information Commissioner	3

Data Protection Statistics

Data Protection Requests	2021
Total number received	20
SAR requests granted in full	3
Partially granted	14
Refused	3

Other DP Requests from Solicitors & Gardaí	2021
Total Number of Requests	57
Requests Granted	3
Partial Access: 1	14
Partial Access	1
Refused	38



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