Comhairle na nDochtúirí Leighis
Medical Council

Council Governance Meeting – Minutes

Date	29 July 2026	
Time	9.00 a.m.	
Location	In person	
Meeting number	648th meeting of the Medical Council - Meeting No 23 of 2026	
Members present	1. Prof Deirdre Murphy (President) 2. Dr Mary Davoren (Vice President) 3. Ms Sinead Corcoran 4. Mr Ian Drennan 5. Ms Dervila Eyres 6. Dr Ehtesham Khan 7. Ms Margaret Larkin 8. Ms Jill Long 9. Dr Mai Mannix 10. Ms Louise Kavanagh McBride 11. Mr Paul McGarry	12. Mr Brian Murphy 13. Prof John F Murphy 14. Dr Sinead Murphy 15. Prof Ronan O'Connell 16. Mr Martin O'Halloran 17. Mr Eunan O'Halpin 18. Dr Margaret O'Riordan 19. Mr Ronan Quirke 20. Prof Alice Stanton 21. Dr Aoife Watters
Apologies	22. Ms Michelle Leech 23. Dr Nauman Nabi 24. Prof Conor O'Keane	
In attendance for relevant sections of the meeting	• Dr Maria O'Kane (CEO) • Ms Jantze Cotter (Executive Director of Strategic & Corporate Affairs) • Mr Ciaran Buggle (Executive Director of Professional Standards) • Ms Aoife Fitzsimons (Head of the Office of the CEO) • Ms Gail McAuley (Head of Corporate Affairs and Secretary to Council) • Ms Sukhneett Dhir (Corporate Governance Manager) • Mr John McBride (Head of IT and Digital Transformation) • Dr Bernadette Rock (Head of Research and Regulatory Data Insights) • Ms Fiona McVeigh (Head of Regulatory Policy) • Mr Aidan O'Brien (General Counsel) • Mr William Kennedy (Head of Legislative Affairs) • Ms Úna O'Rourke (Interim Head of Registration) • Mr Joshua Banahan (Registration Manager) • Mr Simon King (Head of Strategic Projects, Registration)	

Note – all references to 'the Act' shall be construed as references to the Medical Practitioners Act 2007 unless otherwise stated.

1.	**Election of President**	
	Ms. Gail McAuley introduced the election item and requested approval for appointment of a chairperson, in the context of the President and the Vice President being unable to Chair the matter.	
	Council approved the appointment of Mr Ian Drennan as Chairperson for the election of Council President agenda item.	**Decision**
	Council approved the appointment of Ms. Gail McAuley as Returning Officer and Ms. Jantze Cotter and Mr. Aidan O'Brien as tellers for the election process. Council was advised that there were two candidates eligible for the election of President. • Dr Mary Davoren • Prof Deirdre Murphy Each candidate presented to Council for 5 minutes. Following this Ms. Gail McAuley updated Council on the election voting procedure as previously approved by Council. Council members voted in line with its approved election procedure. Council took a break. During this time the Returning Officer and two tellers conducted the election count privately in the presence of the two candidates. Following the conclusion of the election count, the Chairperson announced to Council that the successful candidate in the election of President was Professor Deirdre Murphy. The Chairperson then presented the chain of office to the President. Prof Deirdre Murphy, President then took over as Chairperson for the remainder of the Governance meeting.	
	Council elected Prof Deirdre Murphy as President of the Medical Council, to take office with immediate effect on 29 July 2026. This term of office is in line with Prof Murphys term of office on Council until 31 May 2028.	
2.	**Private Session**	
	Members of the Executive left the meeting, and Council held a private session with the CEO in attendance.	
	Ms Gail McAuley, Ms Sukhneett Dhir and the Executive Leadership Team joined the meeting.	
3.	**Conflict of interest check**	
	There were no conflicts declared.	

4.	**Governance Work Plan**	
	Council noted the Governance Work Plan which is a standing item on the agenda. An addition was requested to add ARC risk report in Q1 of the work plan. Clarification was given regarding timing of more in-depth Committee spotlights, to feature on Governance meeting agendas. **Action:** • Add ARC risk report in Q1 of the workplan. • It was requested that the Education and Training Committee would be on the upcoming Council Governance agenda (October 2026) for a deeper discussion item.	
5.	**Minutes for approval**	
	Council reviewed the minutes for approval contained in the meeting brief.	
	Council approved the minutes for: • 639th Council meeting on 13 May 2026 by circulation of papers • 640th Council meeting on 27 May 2026 by circulation of papers • 642nd Council meeting on 22 June 2026 – Extraordinary Council Meeting (ECM) • 643rd Council meeting on 30 June 2026 – ECM • 644th Council meeting on 9 July 2026 - Regulatory **Council approved the minutes and their publication on the Medical Council website for the 637th Council Governance meeting on 29 April 2026.** **Action:** Minor modification was noted for two typographical matters.	**Decision**
	It was agreed that policy matters were not suitable for circulation of papers. **Action:** • A request was noted for the guidance on the buddy model which had been circulated prior to Council changeover to return at a future date for consideration.	
6.	**Matters arising – Action List**	
	The President presented the action list to Council which is a live document that is being implemented to keep track of requests arising at Council meetings. **Action:** • Colour coding was requested to differentiate closed items.	
7.	**CEO Report**	
	Dr. Maria O'Kane, CEO gave an overview of the CEO update paper, contained in the meeting brief to Council. Clarification was provided on tailored therapeutic services and category F applicants.	

	A detailed discussion took place on Fitness to Practise targets and recent impacts on timelines. It was noted that prediction figures will be provided at the September/October Council meeting and that the CEO will be continuing to communicate on progress and timelines with the Department of Health. It was also noted that quarterly reporting will continue to Council. Observations were made during discussion to include; • Consideration for further innovations in process • Best practice from other regulators • Audit processes to ensure appropriate decision making for delegations **Action:** • The workforce intelligence report was requested to be circulated to Council.	
8.	**Audit and Risk Committee Report**	
	Mr. Ian Drennan, Chairperson of the Audit and Risk Committee, presented the Audit and Risk Committee report contained in the meeting brief to Council. Council noted that the Committee had recommended that the Executive provide key risk data to Council, to avoid overwhelming Council with granular detail. It was also recommended that the new incoming members receive risk training. The Committee noted that it had considered a serious incident matter, revised risk management policy and issue management guidance which were on Council's agenda for today. The ARC thanked the Chief Risk Officer and her team for the large amount of work undertaken on risk policy and reporting. **Action:** • New incoming Council members to receive risk training at a future date to be determined.	
8.1.	**Q2 Risk Register Report**	
	Ms. Aoife Fitzsimons presented the Q2 risk report contained in the meeting brief to Council. This highlighted the wider review and revisions to the Medical Council's risk management approach in Q2 and the current red risks as well as other risks following the ARC meeting. Ms. Aoife Fitzsimons also highlighted the; • Key developments in the risk management profile • Updates on the actions taken in the approach to risk management • The red risks for Q2 and additional risks being brought to the attention of Council	

	It was clarified that access would be provided to new Council members on One Advanced for the Risk Register. It was clarified that policy documents were available in the One Advanced Resources area. It was raised, however, that some members had an access issue which was noted for resolution. **Actions:** • Provide access to risk module on One Advanced • Resolve member access issue on One Advanced Resources area	
8.2	**Revised Risk Management Policy**	
	Ms. Aoife Fitzsimons presented the Revised Risk Management Policy contained in the meeting brief to Council. Council noted the risk management policy had been updated to address gaps in policy application and associated processes. **Action:** • It was also noted that user guides and associated training will be rolled out to support the revised Risk Management Policy.	
	Council approved the revised risk management policy.	**Decision**
8.3	**Issue Management Guidance**	
	Ms. Chloe Ryder presented the Issue Management Guidance, contained in the meeting brief to Council. Council noted that the guidance had been prepared to support colleagues in managing existing and new issues that arise due to risk realisation.	
	Council approved the Issue Management Guidance.	**Decision**
9.	**Serious Incident Briefing**	
	Council considered the Serious Incident Report, contained in the meeting brief, presented by Dr. Maria O'Kane (CEO). This matter related to recording of specialities on registration certificates and actions taken and mitigations to minimise future risks. A robust discussion was held on this matter to include; • Robustness of quality assurance processes • Root cause analysis identification • Third country checks • Steps taken to eliminate system / IT bugs • Identification of potential additional risks in PRISM	

	Actions: • Recirculate the Prism report which predates new Council members to facilitate their understanding of the issues encountered with the system. • An additional summary outline to return to Council regarding risk assessment and the quality assurance process that is in place.	
10.	**Annual Report**	
	Council considered the Annual Report included in its meeting brief, presented by Ms. Jantze Cotter. An error was noted in attendance for Dr. Sinead Murphy, for the Education and Training Committee, which will be updated to the Committee Secretary. **Action:** • Dr Sinead Murphy's Committee attendance to be updated in the annual report.	
	Council approved the Annual Report 2025.	**Decision**
11.	**Draft new Registration Rules for public consultation**	
	Council considered the Draft new Registration Rules for public consultation, contained in its meeting brief, presented by Ms. Úna O'Rourke. Council understood it was necessary to create new registration rules to: • Consolidate all existing rules • Establish a new Register of Interns • Introduce recognition of qualifications prior to applying for registration • Establish a Register of Adapters • Introduce English language requirements for all applicants A detailed discussion was held, and clarifications were given in relation to • Register of Adapters • Requirements of EU Directive and obligations on Council • Medical professionals who may travel on a temporary basis Following discussion, it was agreed to approve the Draft new Registration Rules to proceed to the next step for public consultation. It was noted that in the absence of a functioning RAC and RCPC Committee, due to the changeover period, that chairs and committee members would be consulted during the public consultation process. **Action:** • Registration rules to proceed for Public Consultation.	
	Council approved the Draft new Registration Rules for public consultation.	**Decision**
12.	**Amendment to existing Registration Rules - PLAB/PRES**	
	Council considered the Amendment to existing Registration Rules to include PLAB 2, draft rules, proportionality test and public consultation report contained in its meeting brief. This item was presented by Ms. Úna O'Rourke.	

	Council noted that this paper followed the paper at Council in April 2026, outlining the rationale for the registration rules change and its approval to commence a consultation process. This matter was seeking approval to amend existing Registration Rules (SI417 of 2011, SI741 of 2011, SI208 of 2013) to include the PLAB as an equivalent exam to PRES to assess clinical skills. It was noted that the implementation of the new rules will assist in improving registration timelines without compromising standards and that it was generally seen as a positive move in the public consultation process.	
	Council approved to amend existing Registration Rules (SI417 of 2011, SI741 of 2011, SI208 of 2013) to include the PLAB as an equivalent exam to PRES to assess clinical skills. This was as per the draft rule contained in its meeting brief.	**Decision**
13.	**Delegation of s.79 & s.80A (1) removals to CEO**	
	Council considered the Delegation of s.79 & s.80A (1) removals to CEO, contained in its meeting brief, presented by Ms. Úna O'Rourke. Council considered the administrative nature of certain types of removal of doctors' names from the Register. These items have required Council decision, which is considered to add a layer of bureaucracy and administration to the removal process. Council sought clarity on how delegations will be quality assured and monitored. Mr. Aidan O'Brien clarified that a delegation project was underway by General Counsel to review delegations, create a central register of delegations and make sure there is an appropriate chain of delegations. An observation was made to consider cut off timelines for removals from the register. **Action:** • Progress report on Council delegations project to be provided in upcoming CEO report.	
	Council delegated the following functions to the Chief Executive, who, if required, can delegate the functions to the Executive Director of Registration Operations: • **Removal of a doctor's name from the Register for nonpayment of fees;** • **Removal of a doctor's name from the Register for failing to provide satisfactory evidence of indemnity.**	**Decision**
14.	**Delegation of Monitoring of Sec67 and Sec59(a) undertakings to CEO**	
	Council considered the Delegation of Monitoring of Sec67 and Sec59(a) undertakings to the CEO paper, contained in its meeting brief, presented by Mr. Ciaran Buggle.	

	Council were updated that further to its decision to formally delegate the monitoring of practitioners with Section 71 Conditions, Section 53 Conditions and Section 60 Undertakings or High Court Orders ("HCOs") to the CEO at the Council Governance meeting in July 2024, that it was requested to delegate the monitoring of Section 67 and Section 59(a) undertakings to the CEO. Council considered the high-level overview of the monitoring process contained in its brief, which included the reporting mechanisms by which the CEO will provide assurance to Council in terms of the compliance status of practitioners with restrictions imposed on them.	
	Council approved the inclusion of Section 67 and Section 59a undertakings in the Delegation of the Council's monitoring functions to the Chief Executive Officer ("CEO).	**Decision**
15.	**Delegation to CEO s.84 & s.85 of Medical Practitioners Act**	
	Council considered the Delegation of Monitoring of s.84 & s.85 undertakings to the CEO paper, contained in its meeting brief, presented by Mr Ciaran Buggle. A discussion took place, and clarifications were provided on matters to include determination of matters in the public interest, receipt of information from other public bodies and process in relation to the public facing register.	
	Council approved the delegation of Council's functions under s.84(2), (3), (5) and s.85(1)(a)(ii) of the Medical Practitioner's Act 2007, as amended (the "Act") (notification to various parties of measures imposed against registered practitioners outside of the State, and, notification to the public), to the CEO. This was agreed for an initial 6-month trial period, following which an update / risk assessment report will be presented to Council. **Action:** • Update / risk assessment report to return to Council in March 2027.	**Decision**
16.	**Voluntary Withdrawals s.52 (3)**	
	Council noted the Voluntary Withdrawals s.52 (3) paper, contained in its meeting brief, presented by Mr. Ciaran Buggle. The paper was to update Council on an amendment to Section 52(3) of the Medical Practitioners Act, 2007. The full briefing document was considered and noted by Council.	
17.	**Human Tissue Act Code of Practice**	
	Council considered the Human Tissues Act Code of Practice, contained in its meeting brief, presented by Ms. Aoise O'Reilly. A request was made for Council to have sight of the consent form prior to a decision to approve the Code of Practice. This item was deferred to return for decision on this basis.	

	Action: • Matter to return to Council to include Code of Conduct, consent form and information booklets.	
18.	**Three-Year External Board Evaluation**	
	Council noted the Three-Year Board Evaluation Paper, contained in its meeting brief, presented by Ms. Gail McAuley. It was clarified that the review was necessary to take place from a compliance perspective under the Code of Practice for the Governance of State Bodies. Council recommended that service providers with expertise and a track record in this type of external review be included in the procurement quotation process.	
	Council approved the project delegation for the three-year evaluation project to a Council subgroup, to be led by the President and supported as needed by the Executive. This includes; 1. Agreeing the specification for tender publication (budget estimated approx. 30K) 2. Progressing procurement and engagement of a suitably qualified independent evaluator in accordance with any procurement requirements. 3. Progressing implementation of the review, with findings, recommendations and an action plan to be reported back to the Board by the external service provider. 4. Review draft / final reports in advance of same reports going to Council.	**Decision**
19.	**Patient and Public Advisory Panel**	
	Council considered the Patient and Public Advisory Panel paper, contained in its meeting brief, presented by Ms. Fiona McVeigh. Council noted that it was proposed to establish a Patient and Public Advisory Panel, giving patients and the public a structured way to feed into the Council's regulatory activities. It was advised that the panel will provide patient and public insight to inform regulatory policy, professional guidance, communications and other areas of the Council's work. It will also provide a source of regulatory intelligence alongside professional expertise, stakeholder engagement, research and regulatory data. A discussion was held and suggestions were made by Council members to action as follows: **Actions:** • When setting the panel, allow for term durations that enable changeover for effectiveness and differing perspectives. • Explore the panel idea for potential expansion with other regulators. • Explore the recommended HSE contact provided by a Council member, for lessons learned from a similar models.	

	• Activate an expression of interest process amongst Council members for a Council Chairperson for the advisory panel.	
20.	**Cyber Security Procurement**	
	Council considered the Cyber Security Procurement paper, contained in its meeting brief, presented by Mr John McBride. An additional PowerPoint presentation was given on this matter. A detailed discussion took place where further clarification was provided on: • Associated costs • Mandatory training in place for staff in data protection / FOI • Response times from external provider • No conflicts of interest for executive • Potential for additional call-off contracts under this framework agreement	
	Council approved the award of the contract to Ecko Ireland for the Provision of Cyber Security Services following a formal tender process. This framework agreement is for a maximum period of 8 years, with the initial call-off contract for the specified services being for a period of 3 years plus the option of two additional extensions, subject to satisfactory annual review of performance.	**Decision**
20.	**Education and Training Committee Report**	
	Council noted the Education and Training Committee Report to Council.	
	The in-person governance meeting concluded at approximately 2.50p.m. Council noted the next Governance meeting on 16 September 2026.	
	Following a break, Council members attended Chairpersons Training with Caroline Conroy Regulatory Solutions from 3.00-5.00pm.	