Comhairle na nDochtúirí Leighis
Medical Council

Annual Report & Financial Statements 2024

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 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.

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

Contents

President's Statement

Dr Suzanne Crowe
President, Medical Council

It is my pleasure to publish the Annual Report and Financial Statements of the Medical Council for the year ending 31st December 2024. Looking back over the past twelve months, I'm very proud of what the Medical Council has achieved, and the developments that have made a lasting impression on the medical landscape in Ireland.

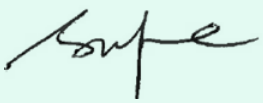
2024 brought about change at the Medical Council, with the resignation of our CEO, Leo Kearns in September. Leo had been at the helm since April 2021, and during his time with the Council, he made a significant impact. I'd like to thank Leo for his hard work and dedication to the organisation, and the difference he made. I'd also like to acknowledge the contribution of Yvonne Clancy who stepped into the role of Interim CEO briefly following Leo's departure. Finally, I'd like to extend my gratitude to Ciarán Buggle who became interim CEO in December. Ciarán has done a wonderful job in leading the Council during this time of change.

The past year has seen the highest ever number of doctors on the Medical Register. Doctors working in Ireland today are under increased pressure due to numerous factors, including an ever-growing population, and the growing complexity of medical conditions. While the role of the Medical Council is to regulate doctors and protect the public, we're also here to support and guide doctors throughout their professional careers.

To this end, during 2024, CAREhub was launched. CAREhub provides independent mental health support to doctors and members of the public who are engaging with the Medical Council's regulatory processes. It offers guidance on areas such as education, training, complaints, investigations, and fitness to practise procedures. The aim of this service is to ensure both the public and doctors are supported during their interactions with the Medical Council.

A centralised Support Service (Contact Centre) was also implemented this year to ensure efficient, accessible, and compassionate communication from the Medical Council in its interaction with doctors and the public. The Contact Centre ensures there is someone available to speak to doctors seeking information on any aspect of their registration or other relevant topics. And in December 2024, the Compassion in Regulation Forum was initiated, bringing together regulatory bodies to explore innovative approaches to compassionate regulation.

I was honoured to represent the Medical Council while speaking at several conferences around the country this year. Some of these included the Royal College of Physicians of Ireland Conference in March, the NCHD Conference in June, and I also addressed the Irish Hospital Consultants Association's conference in October. These opportunities are a privilege for me, and I'm very grateful to be invited. Meeting members of the profession and our stakeholders is always informative and provides insight into how we can better engage with doctors and the public. I look forward to another productive year ahead.



Dr Suzanne Crowe
President, Medical Council

Chief Executive Officer's Review

Ciarán Buggle
Interim CEO,
Medical Council

As Interim CEO of the Medical Council, I am pleased to present the 2024 Annual Report and Financial Statements. This report looks at the achievements and highlights from across 2024, which have contributed to another productive year for the Medical Council.

The past year has seen another increase in the number of doctors on the Medical Council Register. 27,276 doctors were invited to renew their registration during the annual retention period in June, of which 97.5% retained registration. Our Registration team managed this large volume of retention applications through strategic operational improvements, and ensured the process went smoothly for our doctors.

The year 2024 also brought an increase in the number and complexity of complaints seen by the Preliminary Proceedings Committee in 2024, and 468 decisions were reached across cases. In September 2023, a decision was made to delegate the consideration of the complaints function to the CEO and this commenced in 2024. This has resulted in a decrease in Council's workload and efficiencies in the time taken to progress Section 57 matters through the complaints process. There was also an increase in the number of Fitness to Practise inquiries that took place during the year, with more inquiries taking place in person.

One of the primary functions of the Medical Council is patient safety through maintaining public confidence in the medical profession. This is achieved through the regulatory process, promoting and upholding professional standards and conduct. To this end, in May 2024, the Medical Council published its updated sanctions guidance. This guidance highlights the factors to be considered when determining appropriate sanctions following fitness to practise inquiries. It aims to enhance transparency for doctors and their legal representatives in relation to the imposition of sanctions.

Data on the medical workforce, which is produced by our Research team, was presented at numerous conferences by the Research team, Council President, and I at various conferences and events, including the annual international Council on Licensure, Enforcement and Regulation (CLEAR). This data is imperative to help plan for future workforce needs and assess where support is required, so that we can work with our stakeholders to ensure needs are met.

I would like to extend my sincere thanks to all our Council members and the Executive who have ensured the work of the Medical Council progressed seamlessly through the year. I look forward to a dynamic and productive year ahead.

Ciarán Buggle
Interim CEO, Medical Council

Statement of Strategy 2019 – 2024

The six key strategic objectives 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

OUR VISION

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

OUR MISSION

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

OUR VALUES

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

Acting with **independence, 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 in 2024

Strategic Objective 1

Ensure medical regulation protects the public and supports registered medical practitioners

- A newly established Centralised Support Service (Contact Centre) was implemented to ensure efficient, accessible, and compassionate communication with medical practitioners.
- The Liaison and Support Services team effectively managed peak call volumes and emails in the registration inbox during the Annual Retention (AR) period and other high-demand times, significantly improving call answer rates and email response efficiency while reducing wait times.
  - Call answer rates increased from 41% in 2023 to 79% in 2024, while maximum wait times were reduced from over two hours to just 30 minutes during peak periods.
  - Email response efficiency improved, with 85% of inquiries resolved within five working days, compared to 40% in 2023.
- The Liaison and Support Services team assumed responsibility for handling distressed calls and emails, supported by specialised suicide prevention training provided by the National Office for Suicide Prevention (NOSP).
- Wellbeing remained central to the Liaison and Support Services team's mission in 2024. This commitment was demonstrated through the launch of CAREhub, an independent emotional support service delivered by Lyra Wellbeing. The initiative received overwhelmingly positive feedback, reinforcing the Liaison and Support Services team's dedication to supporting the wellbeing of medical practitioners.
- The Complaints and Investigations team established a new Monitoring Unit, enhancing its ability to manage doctors with restrictions and assist them in meeting compliance requirements.
- The Performance Assessment team also launched a new online platform for multi-source feedback surveys, designed to accurately collect and analyse feedback from both patients and colleagues, where required as part of a doctor's Performance Assessment.

Strategic Objective 2

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

- The Medical Council's undergraduate accreditation process, run by the Professional Development team, complies with the World Federation for Medical Education's guidelines on best practice for accreditation and is also approved by the National Committee on Foreign Medical Education and Accreditation (part of the Department of Education in the USA). In 2024, a total of two accreditations, one re-inspection visit, and one Anatomy inspection took place.
- The 2022/2023 academic year Annual Returns were analysed for nine medical schools and twelve programmes in 2024.
- The Clinic Training Site (CTS) team's remit relates to clinical training sites, including hospitals, clinics, and GP practices, involving the intern year and specialist training programmes. The Council must inspect and approve all new intern sites. In 2024, six such sites were inspected.
- A focus for 2024 included developing a CTS monitoring process to review progress made following inspections that took place between 2017 and 2019 across six hospital groups. In total, 447 recommendations are now considered complete, and 290 recommendations are considered ongoing, with further progress updates expected from each Health Region over the coming year.
- The Medical Council is responsible for accrediting specialist training programmes and the postgraduate training bodies that deliver these programmes. There are 13 postgraduate training bodies in the state which are responsible for delivering programmes of specialist training in 57 specialties. One bulk accreditation took place with the Institute of Medicine (n-7 programmes) from 10th to 13th June. One Action and Implementation (AIP) meeting took place this year with Clinical Neurophysiology on the 2nd of October 2024.
- Following meetings held throughout 2024 with twelve Postgraduate Training Bodies, delivering 34 programmes. 34 Qualitative Returns and 55 Quantitative Returns were analysed. The postgraduate team piloted a more collaborative approach on a sample of programmes last year, and owing to its success, rolled it out to all programmes in 2024. Stakeholders appreciated the new approach to the Qualitative Return, including productive meetings, the greater level of understanding and insight gained for both parties, and that the approach resulted in more requirements being closed off than in previous years.
- The team also met with each of the 13 Postgraduate training bodies in 2024 to provide feedback on the previous year's Quantitative Return. Following feedback received, the Quantitative Return form was updated with an aim to improve the data collected and the functionality of the form. The Quantitative Returns for the academic year 2023-2024 were circulated to training bodies in August 2024 and returned to the team in October 2024.
- The Professional Development team worked with Cardiff University on drafting guidelines for the new standards by taking part in 1-1 interviews and a workshop. Cardiff University completed a first draft of the guidelines in November, on which the team has since provided feedback.

Strategic Objective 3

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

- An intensive training programme for new team members was developed by the Liaison and Support Services team in collaboration with the Registration Department and the Complaints & Investigations team, ensuring a strong foundation of knowledge to manage complex queries effectively.
- Our Liaison Support and Services team launched an emotional support telephone service, CAREhub, which is available to all involved in the Fitness to Practise process and other Medical Council regulatory processes.
- A new database was introduced to track and analyse call trends, allowing the Liaison and Support Services team to optimise resource allocation and enhance service delivery. Analysis of 8,323 phone interactions between March and December identified the top reasons for calls:
  - First-Time Applicants – Application Updates
  - Document Updates
  - Genform
  - Certificate Requests
  - Division Transfers
  - Intern Equivalent Verification Form (IEVF) Updates
- Continuous improvement in service delivery was achieved through structured training, Quality Management Systems (QMS), and Standard Operating Procedures (SOPs), ensuring consistency and excellence in stakeholder engagement.
- The Monitoring and Performance Assessment team established a new risk-based approach to monitoring doctors with restrictions, ensuring the level of monitoring is proportionate to the associated risk.
- The Complaints and Investigations team also designed a survey for doctors undergoing Performance Assessment to capture their feedback and ensure our process is efficient, effective, and beneficial for all involved.
- Changes were made in each department of the Professional Development team. Across the wider team, several enhancements were made to monitoring systems and accreditation processes to strengthen our impact and efficiency, such as:

  - Dissolution of MAT team to enable empowerment in the Executive for decision making and feedback for the Annual Returns process.

  - Change to AIP process: The team is now holding a pre-meet in advance of the main AIP meeting. This is to provide guidance on the main areas of focus to be discussed at the AIP meeting. (This received very positive feedback from the body who piloted this change).

  - A standardised Annual Return process has been agreed across postgraduate, undergraduate and clinical training site functions. This is supported by an SOP detailing each step in the process, as well as an SOP for analysing and providing feedback in relation to AIPs and ARs.

- A new Postgraduate Qualitative form was developed in 2024 with an aim to improve the functionality and user experience of the form. It contains relevant information from accreditation reports as well as previous updates from the bodies and Medical Council feedback. Two new sections were also added to enable programmes to submit information relating to good practice and challenges. A project to collate previous years returns information into the new format was undertaken.

- There was greater stakeholder engagement between the Executive and Postgraduate Training Bodies (PGTBs) for Annual Returns. The Postgraduate (PG) team are now holding online meetings with the PGTBs to discuss the Annual Returns feedback prior to it being sent to the bodies.

- In the set-up of an Annual Returns process for the CTS/Intern remit, the team have learned stakeholder engagement is key. The team look forward to continuing to foster good working relationships as the process embeds.

- The hybrid model of inspection for GP sites has worked well this year, the inspection process remains thorough, and it has not lost any of its integrity.

- The Undergraduate (UG) Team has streamlined its accreditation reports which has resulted in completion of reports in a much shorter timeframe with all relevant information incorporated.

- Review of Your Training Counts (YTC) Survey - members of the Executive attended several workshops led to review the YTC report and survey comparison completed by a member of the Quality Improvement Team. A new set of questions has been developed that reflect the insight the team want to gather from the survey. Next steps for 2025 will include further work with the Research team to refine the survey wording before the survey is ready for re-launch.

- Interprofessional Collaborative Practice (IPCP) meetings: In 2024, Interprofessional Collaborative Practice meetings recommenced and were hosted by the Council. Several regulators from the health and social care professions in Ireland formed a working group to facilitate Interprofessional Learning in 2018. Soon after, Covid struck, and meetings ceased. In February 2024, the group re-established with a new name for the group 'Interprofessional Collaborative Practice (IPCP)' assigned. The overarching aims of the group are: Identify and promote best practice of how interprofessional collaborative practice can be facilitated to benefit health and social care professionals in Ireland; establishing common interprofessional language; and develop mechanisms to promote IPCP wider amongst health and social care professionals and organisations.

- Fitness to Practise Committee (FTPC) members are required to complete ongoing training. This training emphasises the legislation and rules that govern the process for our hearings, the skills needed for the role and the practical application of these skills. FTPC members received ongoing training in 2024.

Strategic Objective 4

Improve the understanding of the role of the Medical Council

- Transparent and compassionate communication with stakeholders was a key priority for the Liaison and Support Services team in 2024. The introduction of template email responses ensured consistency and accuracy, while the development of a Quality Management System (QMS) provided a robust operational framework.
- Liaison and Support Services enhanced communication and transparency by collaborating with the Registration, Complaints & Investigations, and Communications teams to redesign web pages and simplify retention letters, improving accessibility and clarity for stakeholders.
- An internal working group was established based on insights gained from the Annual Retention Application Form 2024 to streamline processes and enhance efficiency.
- The Compassion in Regulation Forum was launched to enhance engagement with national and international regulatory bodies, promoting a more collaborative and supportive regulatory approach.
- Liaison and Support Services facilitated presentations and meetings with external stakeholders, reinforcing understanding of the Medical Council's role and its impact on regulatory processes.

Strategic Objective 5

Review and recommend changes to legislation regulating the medical profession

- The Regulatory Policy team kept abreast of international regulatory developments and producing position papers on behalf of the Medical Council in response to emerging public protection issues.
- The Fitness to Practise team continued to work in partnership with the Department of Health and other stakeholders on regulatory reforms to ensure our fitness to practise legislation continues to be fit for purpose in a changing regulatory and healthcare environment. A position paper proposing amendments regarding the imposition of sanction in fitness to practise proceedings was submitted to the Department of Health. The position paper outlines proposals to ensure internal operating efficiencies to support the Council to better fulfil its public protection objectives.

Strategic Objective 6

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

- The CAREhub initiative was developed by the Liaison and Support Services team in response to stakeholder needs, ensuring effective engagement and support for medical practitioners.
- In December 2024, the Compassion in Regulation Forum was initiated, bringing together regulatory bodies to explore innovative approaches to compassionate regulation.
- Liaison and Support Services proactively monitored service metrics, including call answer rates, missed calls, and email response times, enabling the team to identify challenges early and implement timely solution.

Council Members

Dr Suzanne Crowe
President

Dr Mary Davoren
Vice-President

Teresa Bulfin

Sinéad Corcoran

Dr Morgan Crowe

Marie Culliton

Ian Drennan

John Gleeson

Mr Richard Green

Paul Harkin

Jill Long

Prof Deirdre Murphy

John Murray

Prof Orla Muldoon

Mr Nauman Nabi

Prof Ronan O'Connell

Dr Margaret O'Riordan

Jim O'Sullivan

Prof Mary O'Sullivan

Prof Edna Roche

Dr Liqa ur Rehman

Ronan Quirke

Executive Leadership Team

Ciarán Buggle
Interim Chief Executive Officer and Executive Director for Complaints & Investigations, Fitness to Practise and Monitoring

Paul Byrne
Executive Director, Regulatory Operations & Support Services

Jantze Cotter
Executive Director Regulatory Policy & Standards

Roseanne Fox
Executive Director Finance, IT & Digital Transformation

Colm O'Leary
Executive Director, Strategy & Business Services

Alan Gallagher
Head of Communications and Strategic Engagement

2024 in Numbers

27,276

doctors were invited to renew their registration

Of these, **26,591 (97.5%)** chose to retain their Registration

23%

year-on-year increase in applications

4,859

were first time registrants

589

were restorals onto the register

55%
MALE

45%
FEMALE

40

Council Meetings

364

complaints received

0.001%

The percentage of doctors (40) involved in Fitness to Practise Committee decisions

38%

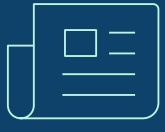
Majority of complaints received (38%) were in relation to communication

8,323

calls relating to registration managed by new Contact Centre

147

Sanctioned headcount



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Press releases

Registration

Annual Retention

In June 2024, 27,276 doctors were invited to renew their registration. Retention rates remained exceptionally high, with 97.5% (26,591) of doctors choosing to retain their registration. Among these, approximately 95% confirmed they were actively practising medicine in Ireland and abroad, demonstrating a committed medical workforce.

Of the retained registrations, approximately 5.5% were not clinically active, reflecting the diverse motivations doctors have for maintaining registration status, such as professional flexibility and readiness for future roles within Ireland's healthcare sector.

Doctors Joining the Medical Register

2024 saw a substantial rise in registration applications, reflecting Ireland's growing reputation as an attractive destination for medical professionals.

The Medical Council experienced a 23% year-on-year increase in applications, resulting in 5,448 doctors newly approved to the Register, a remarkable 53% increase compared to 2023. Notably, 89.2% of approvals were first-time applicants, indicating sustained international and domestic interest in practising medicine in Ireland, with the remainder (10.8%) representing restorations to the Register.

Despite rising application volumes placing additional pressure on resources and processing times, the Registration department implemented strategic operational improvements, significantly increasing efficiency without compromising quality standards.

Further detailed analysis and demographic insights are available in Appendix B. Additionally, the forthcoming 2024 Workforce Intelligence Report will offer deeper analysis into workforce trends, aiding strategic planning and workforce policy development.

Mr Yasir Hammad of the Sudanese Doctors Union of Ireland with Mr Paul Byrne, Executive Director Regulatory Operations and Support Services, at the Sudanese Doctors of Ireland Medicolegal Workshop.

Strategic Innovation Driving Performance

Project Gateway – Transforming Urgent Registration

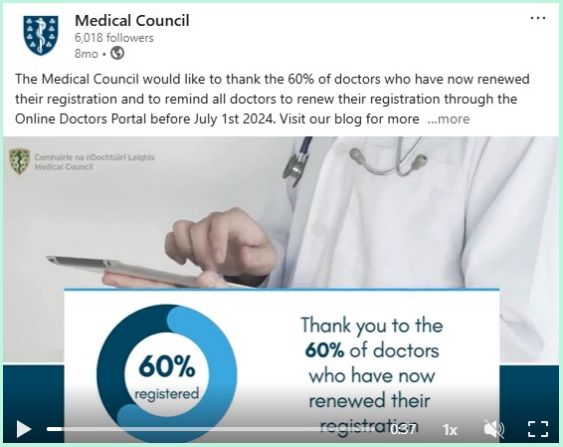
Launched as a pilot in 2023, Project Gateway rapidly established itself as an indispensable asset for the healthcare sector, dramatically accelerating the registration of doctors in critical roles. By reducing processing times from approximately 40 weeks to an unprecedented 2.5 weeks (a 94% improvement), Gateway enabled prompt deployment of medical personnel to vital positions within both the HSE and private hospitals.

In 2024 alone, 451 doctors were rapidly registered through Project Gateway. This success underscores the Medical Council's agility and responsiveness in meeting urgent healthcare system needs.

Performance and Reporting Function

To ensure continuous improvement and future readiness, the Registration department introduced a dedicated Performance and Reporting Function within Regulatory Operations in 2024. Through strategic deployment of a comprehensive Quality Management System (QMS), this function systematically revised key policies, procedures, and operational structures.

Throughout 2024, the team proactively identified opportunities for efficiency, embedding a sustainable culture of continuous improvement. These strategic advancements have laid a robust foundation for ambitious quality and efficiency targets in 2025 and beyond.



Looking Ahead: Strategic Priorities for 2025

Building on 2024's successes, the Registration department is committed to further enhancing operational excellence through:

- Continued process improvement initiatives to optimise application processing times and resource allocation.
- Expanding Project Gateway to support even greater responsiveness in urgent healthcare situations.
- Leveraging insights from the forthcoming Workforce Intelligence Report to align departmental strategy closely with emerging healthcare workforce trends.

In June 2024, 27,276 doctors were invited to renew their registration.

Complaints and Investigations

The Medical Council protects the public by promoting and ensuring high standards of education, training, conduct and competence among doctors who are registered with the Medical Council. The Council acts in the public interest and can impose restrictions on a practitioner's registration, potentially limiting or revoking their right to practice medicine in Ireland. This action is taken only in cases involving serious failings on behalf of the medical practitioner. As the regulator for the medical profession, one of the core functions of the Medical Council is to process complaints which it has received against registered medical practitioners.

Role of the Preliminary Proceedings Committee

The Preliminary Proceedings Committee ('the PPC') is the Committee responsible for giving initial consideration to complaints and determining whether further action is warranted, for example, referral of the complaint to the Fitness to Practise Committee for a sworn oral inquiry. The PPC is established under Section 20(2) of the Medical Practitioners Act 2007. The PPC also has an important function to dismiss complaints at an early stage if it considers that a complaint is vexatious or without substance.

The grounds on which a complaint can be referred to FTPC are as follows:

- Professional misconduct
- Poor professional performance (this can only be considered for events which took place on or after 3 July 2008)
- Relevant medical disability
- Failure to comply with one or more condition(s) attached to the doctor's registration
- Failure to comply with an undertaking given to the Medical Council or to take any action specified in a consent given in the context of a previous inquiry
- Contravention of the Medical Practitioners Act 2007 (including a provision of any regulations or rules made under this Act)
- Being convicted in the State for an offence triable on indictment (or, if convicted outside the State, for an offence that would be triable on indictment in the Irish courts)

The Complaints and Investigations team manages the initial stage of the complaint process, communicating with complainants and practitioners throughout the PPC's consideration of the complaint. The Complaints and Investigations team prepares documentation for each PPC meeting, deals with correspondence following those meetings, and drafts the arising minutes for approval. The Complaints and Investigations team deal with complainants, doctors and legal representatives on a daily basis, as well as carrying out investigations on the direction of the PPC. The team also deal with numerous ethical and legal queries from the public and practitioners.

There are currently 23 members on the PPC which includes 6 non-medical members and 17 medical practitioners. The Committee attended 11 meetings in 2024. The Complaints and Investigations team received 364 complaints against 388 doctors in 2024. The PPC has a medical practitioner majority and is comprised of members of the Medical Council and external members.

The PPC deals with a significant volume of complaints and PPC meetings occur remotely every 4-6 weeks. The PPC is supported by the Executive team, including solicitors, case officers, and regulation officers. The PPC may make a decision that a complaint does not warrant further action; that a complaint should be referred to another body or authority, or to a professional competence scheme; that a complaint could be resolved by mediation, or that a complaint should be referred to a Fitness to Practise Committee (FTPC).

Despite an increase in both the number and complexity of complaints in 2024, the PPC continued to progress cases and made 468 decisions. The breakdown consisted of 404 doctors where no further action was taken following an investigation, and 64 doctors being referred to the Fitness to Practise Committee.

Currently, a multidisciplinary (MDT) approach is taken to case management, with case officers supervised by complaints and investigations managers, as well as solicitors. Last year, a dedicated MDT was established to deal with Section 60 of the Medical Practitioners Act which allows the Council to make an 'ex-parte' application to the Court for an order to suspend the registration of a registered medical practitioner, if the Council considers that the suspension is necessary to protect the public. This team now brings any high-risk cases to the attention of the President and the CEO for initial consideration, for the President and CEO to determine whether or not the Council should consider the matter pursuant to section 60 of the 2007 Act. 24 matters were considered pursuant to section 60 in 2024, these matters were managed by the Councils section 60 executive team.

Of the 24 matters considered pursuant to section 60, 11 new matters were referred to the High Court.

Last year, at its meeting on 5 September 2023, the Council, in accordance with section 24 of the Act, decided to delegate this function to the CEO of the Council. This year saw the practical application of this delegation which has resulted in a decrease in Council's workload and efficiencies in the time taken to progress s57 matters through the complaints process. 68 matters were considered by the CEO pursuant to section 57, with 46 matters being referred to the Preliminary Proceedings Committee for investigation.

Regulated Professions (Health and Social Care) Amendment Act 2020

The Regulated Professions (Health and Social Care) Amendment Act 2020 ('the 2020 Act') will introduce important changes for the complaints process. The main changes will be as follows:

1. The investigation of complaints will be directed by the CEO with the assistance of authorised officers.
2. The PPC, similar to the Fitness to Practise Committee, will be given the power to request/ accept consents and undertakings from medical practitioners.
3. The Council will be given the power to create sub-committees.

Discussions with the Department of Health continued throughout the year in relation to commencement dates for the 2020 Act, and a date of **1 April 2025** was agreed for the commencement of the balance of the provisions relating to the complaints process.

There are currently 23 members on the PPC which includes 6 non-medical members and 17 medical practitioners.

Highlights

During 2024, significant advancements have been made in data reporting aimed at ensuring continuous improvement in case file management and enhancing our data framework.

Historically, our primary decision data focused on a breakdown of decisions made by the PPC at the case level, such as the number of prime facie decisions, fitness to practise referrals and referrals to performance assessments. This year, the Complaints and Investigations team transitioned to decision tracking at the doctor level, which allows for more detailed demographic analysis. This new approach enables us to track vital information such as a doctor's qualifications, the route they took to join the register, and their division on the register.

We have also implemented a granular tracking system for individual cases, which monitors the progression of case plans (new cases) approved by the Executive and reviewed by the Preliminary Proceedings Committee. This system tracks how often a case has been considered as an interim issue and how many times the PPC has reviewed the case before it is ready for a final decision. These developments have positively impacted complaint timelines and help identify complex cases that require senior legal input, such as those that have been presented to the PPC multiple times.

Work has also been undertaken to develop a new investigations table, which will monitor the volume, type, and duration of investigations. For example, when the PPC directs multiple investigations on a file, the case officer will now be required to input data on both the date the direction was given and the date of completion. This will help streamline the management of all cases and enhance case assignment across the team.

The C&I team continues to provide valuable support to the Fitness to Practice team, Health & Monitoring teams in their efforts to enhance data entry into Evolve case management system for reporting purposes. Significant progress has been made in 2024, and this work will continue into 2025.

Work has also been undertaken to develop a new investigations table, which will monitor the volume, type, and duration of investigations.

Fitness to Practise, Monitoring and Health

Fitness to Practise

The Fitness to Practise Committee (FTPC) made decisions in relation to 40 doctors in 2024. To put that figure in context, there were over 32,000 doctors on the medical register at the end of 2024[1]. The FTPC sat for a total of 41 hearing days (callovers and inquiries) which resulted in the disposal of 43 fitness to practise complaints.

A total of 61 new matters were referred from the Preliminary Proceedings Committee (PPC) to the FTPC in 2024. The referral rate for 2024 was consistent with the referral rate for 2023, with 61 referrals recorded in both 2023 and 2024. As of 31st December 2024, there were a total of 165 referrals from the PPC in the FTP caseload. The CEO is undertaking his investigations in relation to the matters in this caseload. Some matters are at an early stage of investigation while other matters are at a more advanced stage of investigation. The length of time it takes to investigate a matter depends on a range of factors and consequently, in some cases, the process can take longer. At the conclusion of the CEOs investigation, the FTPC will hear the matter.

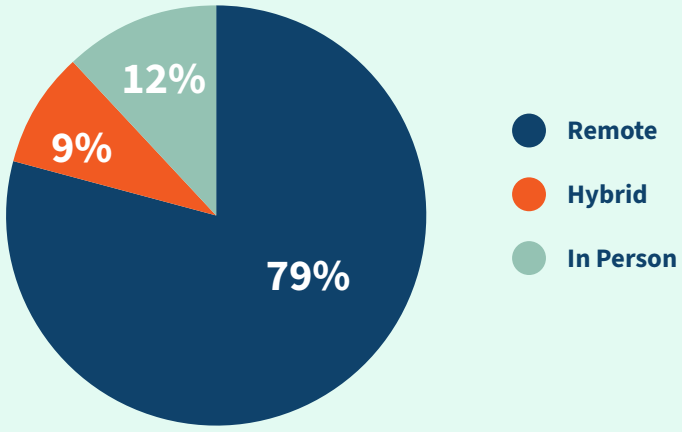
It has been recognised that there are benefits to both in-person and remote (virtual) hearings. The right venue/mode of hearing depends on the circumstances of a case and the evidence that will be presented.

The use of technology means we have greater flexibility to allow witnesses to give evidence remotely, where this is appropriate. In each case, the FTPC engages with the doctor before it decides the most appropriate mode of hearing: fully in person, fully remote/virtual or a hybrid of the two.

Sanctions Guidance

In May 2024, the Medical Council published its updated sanctions guidance, outlining its approach to sanctions and the factors to be considered when determining appropriate sanctions following fitness to practise inquiries. The guidance provides clarity and transparency regarding the Council's considerations and methodology when it comes to the imposition of sanction. It informs doctors and their legal representatives about the Council's approach to sanctioning and assists the FTPC in recommending appropriate sanctions. The Council's primary objective relating to the imposition of sanctions is to act in the public interest. This includes protecting the public, promoting and maintaining public confidence in the profession and the regulatory process and promoting and upholding professional standards and conduct. The guidance also outlines the types of sanctions that the Council may impose which range from advice or admonishment, censure, attachment of conditions to the practitioner's registration, temporary suspension or cancellation.

Hearing Types 2024



1. This represents just over 0.001% of all doctors registered with the Medical Council as at 31.12.24.

Members of the Medical Council's Complaints and Investigations and Fitness to Practise teams pictured at a joint Medical Council conference on 'The Case for reform in Fitness to Practise Matters'.

Publications Policy

In July 2024, the Medical Council published its Publication Policy. This Publications Policy outlines the Council's approach to publishing and disclosing information regarding a doctor's fitness to practise (FTP) following complaints. It details the circumstances under which the Council may publish or disclose such information, which can occur at various stages of the complaints process. The publication and disclosure policy is guided by the principles of:

- **Transparency:** We are committed to being open about our processes and decisions, believing that transparency serves the public and the medical profession.
- **Proportionality:** We will take a balanced approach when publishing complaints outcomes online or sharing them upon request, adhering to High Court orders and relevant legislation.
- **Fairness:** We will ensure that the evaluation and decision-making process respects the rights of the individuals involved, maintains the integrity of the profession, and ensures public safety.

Position Paper

The Fitness to Practise team continue to work in partnership with the Department of Health and other stakeholders on regulatory reforms to ensure our fitness to practise legislation continues to be fit for purpose in a changing regulatory and healthcare environment. A position paper proposing amendments regarding the imposition of sanction in fitness to practise proceedings was submitted to the Department of Health. The position paper outlines proposals to ensure internal operating efficiencies to support the Council to better fulfil its public protection objectives. These proposed amendments will be progressed in conjunction with the Department in 2025.

Monitoring

A new Monitoring Unit was established in 2024 to strengthen the Medical Council's ability to oversee doctors with restrictions on their registration and help them achieve compliance. Doctors referred to monitoring are now assigned a dedicated Case Officer who works directly with them to ensure they understand their restrictions and gather evidence of compliance.

The new unit focused on several key areas, including:

- Developing clear guidance for doctors with restrictions, outlining their responsibilities while subject to monitoring.
- Ensuring conditions and undertakings attached to doctors' registration address the identified issue, are clear, workable, and capable of being monitored
- Creating risk profile criteria to ensure that the level of monitoring is proportionate to the associated risk.
- Developing a new Monitoring database to capture and report essential data.

The Monitoring unit is supported and advised by a Monitoring Committee, which includes three medical practitioners and three non-medical members. The Committee held six meetings in 2024.

By the end of the year, 86 doctors were under monitoring. Six doctors had their restrictions removed during 2024 after demonstrating compliance.

In 2024, 28 Performance Assessment cases were managed, including 14 new referrals.

Performance Assessment

Performance Assessment is a regulatory process designed to protect the public and assist doctors by evaluating their practice against the reasonable standards for others in the same field of medicine. It helps doctors by providing recommendations to set and achieve goals aimed at maintaining and improving their practice. Doctors may be referred to Performance Assessment as part of the complaints process.

In 2024, 28 Performance Assessment cases were managed, including 14 new referrals. Three doctors were released from Performance Assessment after successfully completing all required activities and fully implementing their action plans.

In addition to ongoing case management, the Performance Assessment team implemented improvement initiatives, including:

- Launching a new online platform for multi-source feedback surveys, designed to accurately collect and analyse feedback from both patients and colleagues as part of a doctor's Performance Assessment.
- Designing a post-Performance Assessment survey for doctors, in conjunction with our Research team, to capture their feedback and ensure the process is efficient, effective, and beneficial for all involved.

Health Committee

At the end of 2024, the Health Committee, which supports doctors who are living with health issues, was supporting 51 doctors. During the year, 16 new doctors were referred to the Committee, and 12 were released from the support of the Committee.

There are various reasons why doctors are referred to the health committee, and these include substance misuse, which saw 33 doctors referred; mental health issues, where 16 doctors were referred; and general health issues, for which two doctors were referred.

Doctors can self-refer for this support, and in 2024, 14 of the doctors receiving support, did self-refer. The remaining doctors were referred by a third party (16) or by the Medical Council (21).

Regulatory Policy, Research & Standards

The Regulatory Policy, Research and Standards Directorate was established as an outcome of the Medical Council's organisational design. The focus of the Directorate is to support the organisation by coordinating regulatory policy and standards developments that align with the Statement of Strategy objectives and projects prioritised in the annual business plans. These developments are built on strong foundations of research and data insights. The work of the Directorate is carried out through the lens of right touch regulation, ensuring that all projects incorporate regulatory principles of proportionality, transparency, consistency, fairness and agility.

The Regulatory Policy and Standards unit plays a key role in proactive regulatory intervention, focusing on the prevention of harm through the development of clear rules, guidelines, and policies that promote compliance and protect public interests. During 2024, the outputs from the Directorate were related to delivering on the following Statement of Strategy of strategy objectives:

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

Research and Data Insights

Research and Regulatory Data Insights are responsible for driving all research activity and providing research expertise and support to the business as required.

Pictured at the launch of CAREhub are Joanne Kissane, Registrar and Chief Executive, Pharmaceutical Society of Ireland and Jantze Cotter, Executive Director Regulatory Policy and Standards, Medical Council.

Medical Workforce Intelligence Report

Data held on the Medical Council's Register provides valid and robust insight into the medical workforce in Ireland. The Research Team prepared the 2023 Workforce Intelligence report, which is derived from analysis of the annual registration retention data. This is the process where registered doctors apply to remain registered in the Republic of Ireland. The Research team has developed a standard operating procedure to facilitate development, quality and consistency that, in turn, can improve long-term and longitudinal analysis of the data within this report.

This workforce report highlighted that in 2023 there were 19,328 clinically active doctors working in Ireland. Of this amount, there was an almost equal split in relation to their self-reported roles: Consultants were at 25.6%, General Practitioners at 23.7%, Non-Consultant Hospital Doctors in training at 21% and Non-Consultant Hospital Doctors not in training at 22.2%. This report draws attention to key workforce challenges including lack of training and education opportunities, a shortage of consultants and a need for increased training opportunities for non-consultant hospital doctors, excessive work hours and a challenging working environment.

Subsequently, supplementary reports were prepared on doctors who remove themselves from the Register, doctors new to the Register and doctors who retain their registration in Ireland but are working abroad in countries such as the UK, Australia and Canada. These reports highlighted that in 2023 there were 1,618 doctors who either withdrew or were removed from the Register, and 3,804 doctor registered for the first time or were restored to the Register. This data is used by multi-stakeholders to inform recruitment and retention strategies, medical education and training development, medical workforce planning and policy in Ireland.

Strategic Data Planning

Given the importance of and external value in the Medical Council registration data we concentrated on continually improving our data reliability during 2024. Significant progress was made in supporting data development across the organisation, including at the point of doctor retention, and progressing a data quality framework to ensure accuracy, completeness and consistency across key datasets. This has enabled timely access to and analysis of data and supports longitudinal data analysis of the medical workforce. The Research team engaged with the National Doctors Training and Planning (NDTP) to ensure alignment across datasets of both organisations, consistent interpretation and understanding of datapoints and support with research into doctor cohorts.

Stakeholder Engagement

The Research Team undertook focus groups with doctors and patients with a view to exploring and informing a revised complaints model. Giving voice to both patients and doctors enabled the identification of key concerns, needs, and opportunities for improvement to achieve early resolutions of issues. Thematic analysis identified key principles that include transparency, timeliness, accountability, which informed 4 key recommendations, set out in a subsequent research report.

The team also supported the Statement of Strategy consultation, preparation of an accompanying report and the financial review of the fees model.

Our workforce data was presented at numerous conferences by the Research Team, CEO and Council President, including the annual international Council on Licensure, Enforcement and Regulation (CLEAR).

Research Support

The Research Team responded to more than 30 requests for data support and input, engaging significantly with external stakeholders to support research projects, workforce planning and align data activities. Stakeholders included the Department of Health, NDTP, RCSI, ICGP and CSO.

Regulatory Policy

The Regulatory Policy team is responsible for the management and coordination of all regulatory policy developments arising from legislation and national policy to ensure consistency and transparency in regulatory functions. This includes keeping abreast of international regulatory developments and producing position papers on behalf of the Medical Council in response to emerging public protection issues.

In 2024, the Medical Council's Regulatory Policy Unit made significant strides in advancing its regulatory functions, focusing on strengthening governance, policy development, and cross-organisational collaboration. A key milestone in 2024 was the introduction of the Publications Policy, which outlines the Council's approach to the publication and disclosure of information concerning a doctor's fitness to practise.

This policy supports the Medical Council approach to carrying out its work in an open and transparent manner in all its activities, ensuring that the public understands the role the Medical Council has in protecting the public and supporting the medical profession.

A central element of the Unit's ongoing work is the continued drive to lead cross-organisational regulatory policy projects. During 2024 we led the project to establish a comprehensive Complaints Model Framework. A key focus of this project was realigning our approach to dealing with complaints within our regulatory processes. This included exploring interventions that could be implemented to reach resolution at the earliest point across a pre and post complaints cycle. One of the key outputs being sought from undertaking this project is the ability to resolve concerns more quickly and deal with the large volume of complaints which do not meet the threshold in terms of evidence or serious to warrant full investigation. This provides for early resolution for patients, families and doctors, and ensures that where there is a risk to patient safety the steps necessary to deal with this public are put in place sooner. As planned, phase 1 of the project was completed in 2024. The outputs included the production of a comprehensive report, incorporating recommendations for improvements. This work has further positioned the Medical Council as a responsive, compassionate, and effective regulator, upholding the highest standards in the regulation of medical practice in Ireland.

The team also progressed and completed a number of important regulatory policy projects in 2024. Notably, the Physician Associates Position Statement was finalised and published, reflecting the Council's evolving stance on this emerging role within the healthcare system.

Additionally, the Regulatory Policy team played a key role in the multi-agency initiative addressing overprescribing practices in Ireland. The Unit contributed to the drafting of the report and recommendations for the Overprescribing Working Group, which examined the overprescribing of benzodiazepines, Z drugs, and gabapentinoids, further underscoring the Council's commitment to patient safety and the responsible practice of medicine.

Regulatory Standards

The establishment of the Regulatory Standards function in 2024 within the Medical Council marked a pivotal step towards centralising the development and maintenance of all regulatory standards, guidelines and rules, which are vital for upholding the Council's role as the regulator for the Medical Profession in Ireland and public protection. The unit supports and contributes to Medical Council policy / positions, provide strategic oversight for standards, guidelines and rules across the life cycle of a doctor. Multi-stakeholder collaboration, internal and external, is essential to support these regulatory developments.

In 2024, the Regulatory Standards team conducted a review of the Medical Council's Safe Start Guidance and Telemedicine Guidance (for both the public and profession). In addition to this, Regulatory Standards embarked on developing a set of guidelines to support the interpretation of new medical education and training standards previously approved by the Medical Council. These guidelines will be formally launched in 2025.

The team worked in partnership with the Complaints and Investigation function to draft rules for the establishment of sub-committees of the PPC. The Regulated Professions (Health and Social Care) (Amendment) Act 2020 will amend the Medical Practitioners Act 2007 to provide for the establishing of sub-committees of the PPC. The Chair of the PPC or a nominated member of the PPC will have the power to create subcommittees (or smaller groups) to review and provide opinion to the Medical Council on complaints received. Each sub-committee will have all the statutory powers and obligations of the full PPC and will be able to make all the necessary decisions under the Act. The draft rules were approved by the Council in December 2024 for public consultation in Q1 2025.

The Regulatory Standards team commenced a review of the Standard Operating Procedures (SOPs) of the registration processes for first time applicants' routes to registration. The aim of this review is to streamline registration processes, clearly defining pathways and applicant categories and supporting future rule development arising from the Regulation Professions (Health and Social Care) (Amendment) Act 2020.

Professionalism & Ethics

The Regulatory Standards function is also responsible for the 9th Edition of the Guide to Professional Conduct and Ethics Guide for Registered Medical Practitioners ("the Guide") which was launched in 2023. The Regulatory Standards team works closely with the Liaison and Support Services function. In 2024, the team responded to 76 queries which are often complex in nature and span across multiple sections of the Guide. Emerging themes and trends are closely monitored and analysed and will inform the development of any future supplemental guidance to support doctors in their practice.

Multi-stakeholder collaboration, internal and external, is essential to support these regulatory developments.

Professional Development

There was a significant shift and focus within the Professional Development team in 2024 to review and streamline processes and ways of working in an effort not only to work more efficiently and effectively; but also, to enhance stakeholder engagement and subsequently the wider impact of the section. As a result, 2024 saw a huge increase in stakeholder engagement and meetings, primarily via CTS and PG teams and the annual return process, AIP meetings and with professional competence via the MPC framework and CPD Accreditation Model.

Completion of Qualitative Review of the Configuration of Intern Training Posts Project by Cardiff University

Cardiff University were commissioned by the Medical Council of Ireland in 2023 to conduct a qualitative review of the configuration of intern training posts in Ireland. The primary aim was to determine if the current configuration of posts is an efficient and educationally appropriate model for intern training. The expected outcome was a report that makes recommendations for the reconfiguration of existing intern posts supported by a strong evidence base, and a decision-making framework developed.

The Project had three main stages:

Stage 1: Intelligence gathering/desk review.

Stage 2: Consultation with key stakeholders.

Stage 3: Themes have been identified from focus group and interview data to inform risks and potential actions to address the risk.

It became clear to Cardiff that the risks and potential actions related to different levels of the intern programme so a pivot from the project direction was needed. Different levels identified were: Local level (e.g.) interns working outside legal requirements; Network level (e.g.) risks relating to the organisation of the rotation packages, such as insufficient flexibility; and Programme level risks (e.g.) risks relating to the overarching mission, philosophy, and governance i.e., they relate to the more general organisation of the intern programme. It also became apparent that the identified risks corresponded to the new standards and criteria recently developed. As a result, Cardiff concluded that there is one overarching principle: the intern programme should meet all these standards and criteria. To confirm that the analysis of risks could be related to the standards and criteria, Cardiff began mapping standards to the three levels of intern training: local, network, programme - identifying which level of the intern programme appeared primarily responsible for the standard in question.

Cardiff University submitted the final report in Quarter 2 of 2024 and presented it to the Education and Training Committee on the 14th of May 2024. Findings from the report will be considered with the development of sector specific guidelines for interns.

Completion of the National Graduate Outcomes (NGO) Tender Process

The Medical Council committed to adopting an outcomes-based approach to the continuum of medical education, training to aid a smoother transition between the progressive stages of the professional development of doctors. To assess and improve transitions between progressive stages of education, the Council need to clarify the learning outcomes expected at each stage and have committed to beginning this process at the transition period from medical school into the intern year.

Left: Dr Suzanne Crowe, Medical Council President speaking at the 2024 NCHD Conference.

Below: Mr Paul Byrne, Executive Director Regulatory Operations and Support Services, Ms Aoise O'Reilly, Professional Development Manager, Mr Paul Harkin, Council Member and Professsor Eric S. Holmboe, Chief Executive of Intealth.

The aim of the NGO project is to develop a set of national outcomes criteria for graduates of medical degree programmes in Ireland, accompanying guidelines, and a methodology to assess the outcome achievements. The NGO project will be informed by national policy context, international standards and best practice, the current Irish healthcare context, and relevant reports.

The procurement process has been completed and approved by Council and a contract has been awarded to Forvis Mazars. The project initiation meeting took place in early January 2025, with the hope for the project to be completed by mid-year 2026.

Governance of the Intern Year (GIY) Project

The Irish Medical Schools Council (IMSC) were asked to propose a governance and operational model for intern training in Ireland, following which an Intern Governance Working group (IGWG) was established. A proposal was submitted by the IGWG in late December 2023. The GIY Advisory Team (GIYAT) met on the 24th of January to review the proposal submitted and collate feedback for the IGWG. The proposal was updated based on feedback given and resubmitted on the 4th of June 2024.

Following a meeting with the members of the Council, NDTP and the IGWG next steps with this project were agreed, namely to 1. Establish a GIY Project Management Team and 2. Establish a Steering Group. The Project management Team will further refine and incorporate the feedback given, as well as get into the 'granular' details and drive the project to the next stage. The Medical Council are in the process of composing a Steering Group to work with the Project Team to support the projects progression.

Professional Competence - Introduction of new Maintenance of Professional Competence (MPC) Rules

The introduction of new MPC Rules and the revised MPC Framework will further support doctors in maintaining their professional competence, providing clarity and flexibility for doctors to achieve personal learning objectives, identify emergent developments and trends within research and patient care, as well as maintain awareness of international best practice.

Dr Suzanne Crowe pictured with other invited speakers at the Royal College of Surgeons of Ireland 2024 Raising Concerns Conference. Pictured, left to right, are Professor Denis Harkin, Sir Robert Francis, Dr Suzanne Crowe, Professor Carrie Newlands, Dr Ravi Jaraynam, and Professor Russell Mannion.

The new MPC Rules have been reviewed and approved by both the Department of Health and Department of Public Expenditure, NDP Delivery and Reform.

Signing of Arrangements: in addition to the new MPC Rules, the Medical Council also developed a revised set of contractual agreements, termed the Arrangements, to define the management and operation of Professional Competence Schemes (PCSs) by the Postgraduate Training Bodies (PGTBs). The new Arrangements were signed in April 2024 and commenced in May 2024. They will operate for five years – with the first year providing a transition period to enable all Scheme operators to prepare for the commencement of the new MPC Rules in May 2025.

Professional Competence - CPD Accreditation Model

The Medical Council is introducing a process for accreditation of CPD providers. This new CPD Accreditation Framework comprises a series of criteria and standards which organisations must demonstrate compliance to receive recognition as an accredited provider of CPD. Currently, the only recognised accredited providers of CPD have been the operators of professional competence schemes – i.e. the PGTBs. Under the most recent Arrangements, signed in April 2024, the PGTBs will be grandfathered over as accredited providers of CPD, provided they demonstrate compliance with the relevant criteria and standards as set by the Medical Council. In addition, the new CPD Accreditation Framework will facilitate other organisations to apply for recognition as an accredited provider of CPD, with such recognition similarly contingent on demonstration of compliance with the criteria and standards.

The Medical Council is introducing a process for accreditation of CPD providers.

In June 2024, the Medical Council commissioned the Accreditation Council for Continuing Medical Education (ACCME) to complete a final phase of work to review and finalise a framework for accreditation of CPD within healthcare in Ireland. The purpose of this final phase is to develop and implement processes for accreditation of CPD for doctors in Ireland including:

- Development of a framework for the process of accreditation
- Development of capacity for accreditation review and decision-making
- Informing providers of CPD in Ireland regarding the new accreditation requirement

In October 2024, the Accreditation Council for Continuing Medical Education (ACCME) conducted two workshops at Kingram House. The first of these workshops was targeted at current CPD providers, the PGTBs, while the second was targeted at both Medical Council staff and representatives of PGTBs who volunteered to participate in the review team.

The workshops provided PGTBs with further information regarding the CPD Accreditation Framework, introduced the template documents by which PGTBs will demonstrate compliance, as well as answering questions of both the Medical Council and PGTBs as to how the process will operate.

Organisations seeking recognition as an accredited provider of CPD will provide the Medical Council with an application documenting both their organisation, as well as a selection of the CPD activities it delivers. A Medical Council review team, comprising Medical Council staff and representatives of the PGTBs, will then assess these applications to determine compliance with the criteria and standards, with this process incorporating both desk-based review and follow-up interview(s). The review team will then collate its findings into a report for referral to a committee within the Medical Council, with a recommendation as to whether approval should be granted.

Following internal consideration and discussions, Professional Development determined that the most suitable committee for this process would be the Education and Training Committee (ETC). The designation of such duties to the ETC has been agreed by both the ETC and the Registration and Continuing Practice Committee (RCPC) – RCPC being the committee to which Professional Competence reports on operational matters.

Quality Assurance Model Design Project

The Professional Development team are continuing the work previously undertaken by Quality Improvement (QI) team in relation to the development of a new Quality Assurance (QA) Model.

Over the course of 2024, members of the PD team have read, summarised and disseminated all the information previously gathered and reported on by the QI team.

Workshops have commenced internally. One such workshop discussed QA models found in other jurisdictions such as the UK, Australia and New Zealand. This is only the starting point for reviewing our existing model and our new approach to quality assuring medical education and training. Process changes that have already occurred this year will also be absorbed into the new model design.

Finally, members of the Executive attended a range of conferences, webinars and training throughout the year, including:

- RCPI Autumn Symposium
- Looking to the future
- Psychiatry Training in Ireland
- Humanizing Healthcare through Professional Development
- AI in Regulation
- Information Governance
- Applied Suicide Intervention Skills Training

Anatomy

The Medical Council is the licensing authority for the practice of anatomy in the State. In 2024, 117 donations were made through the donor programmes at the five anatomy schools in Ireland.

Anatomy Department	Anatomical Donations Received in 2024
Royal College of Surgeons in Ireland	34
University College Cork	14
University College Dublin	30
National University of Ireland Galway	21
Trinity College Dublin	18
Total	**117**

Liaison and Support Services

In its first full year, the Liaison and Support Services department has successfully established its core functions, guided by six strategic objectives approved by council in January.

Liaison and Support Services has become a vital resource for stakeholders, improving engagement, enhancing service delivery, and embedding compassion and clear communication into our processes through new initiatives and collaboration. These achievements were driven by strong collaboration, and an unwavering commitment to compassion and excellence.

Establishing a Centralised Support Service (Contact Centre)

One of the department's most significant accomplishments in 2024 was the creation of a centralised Support Service, which became the primary point of contact for stakeholder interactions. This service prioritised efficient, accessible, and compassionate communication. Initially, five temporary team members were recruited and underwent an intensive eight-week onsite training programme in collaboration with the Registration Department. This training built a strong foundation of knowledge and ensured the team was fully prepared to manage complex queries efficiently.

The implementation of a 'Contact Centre Function' has significantly enhanced service quality, improved compliance, and facilitated ongoing employee training and development, leading to a more seamless stakeholder experience.

By the end of Q1, Liaison and Support Services had successfully expanded its remit, taking full responsibility for managing the registration email inbox, handling phone queries, and responding to information requests via email.

Service Efficiency Improvements

- Email response times improved from 40% in 2023 to 85% in 2024, with most inquiries now resolved within five working days.
- Call answer rates rose from 41% in 2023 to 79% in 2024, while wait times were reduced from over two hours to just 30 minutes during peak periods.
- Managing Peak Demand and Strengthening Stakeholder Engagement

Annual Retention Application Form (ARAF) Period Performance

During the ARAF period, the Liaison and Support Services team effectively managed increased call and email volumes, achieving substantial improvements in service delivery. The percentage of calls answered during this peak rose from 41% in 2023 to 79% in 2024. Maximum wait times were also dramatically reduced, from over two hours to just 30 minutes. Lessons learned during ARAF 2024 will guide further performance enhancements in 2025.

Call Analysis and Trends

Between March and December, an analysis of 8,323 phone interactions identified the following top reasons for calls:

1. First-Time Applicants – application updates
2. Document updates
3. Genform
4. Certificate requests
5. Division Transfer
6. Intern Equivalent Verification Form update

Notably, 53% of calls were from first-time applicants, with 25% of these related to the Certificate of Experience (COE). The General Division accounted for 66% of calls (5,384), followed by the Specialist Division (1,285). Regarding eligibility categories, the highest volume of calls came from Category 4 applicants, representing 48% of total calls (3,890). This was followed by Category 1 (1,505) and Category 2 (1,089).

At the beginning of 2024, the departments KPIs were set at 85% of calls through the Registration line to be answered at an 85% rate and emails through the Registration and Info email inboxes

Left: Dr Suzanne Crowe speaking at the CAREhub launch.

Below: Ms Arlene Thomas from Lyra Healthcare International, Ms Niamh Dunne, Head of Liaison Services, Mr Sean Quinlan, Contact Centre Manager.

to be responded to within 5 working days. Despite significant improvement on 2023, the target of 85% was not achieved due to staffing challenges, with the team relying on five temporary staff during the year. The impact of staff leave, turnover, and the training of new team members further heightened these difficulties. Managing turnover among temporary roles has been a persistent challenge, highlighting the need for permanent positions within the department to enhance staff retention, retain gained knowledge, and improve overall service delivery.

Enhancing Communication and Transparency

Transparent and compassionate communication with stakeholders was a key focus for Liaison and Support Services in 2024. Drafting template email responses ensured consistency and accuracy, while the development of a Quality Management System (QMS) provided a robust framework for operations. The Liaison and Support Services team contributed to redesigning parts of the webpage to improve accessibility and clarity. Simplified retention letters, created in collaboration with the Registration team, further enhanced service delivery. Proactive monitoring of answer rates and missed calls allowed the team to address challenges swiftly.

A focus on ensuring that emails were responded to within 5 working days further enhanced communication and transparency with stakeholders.

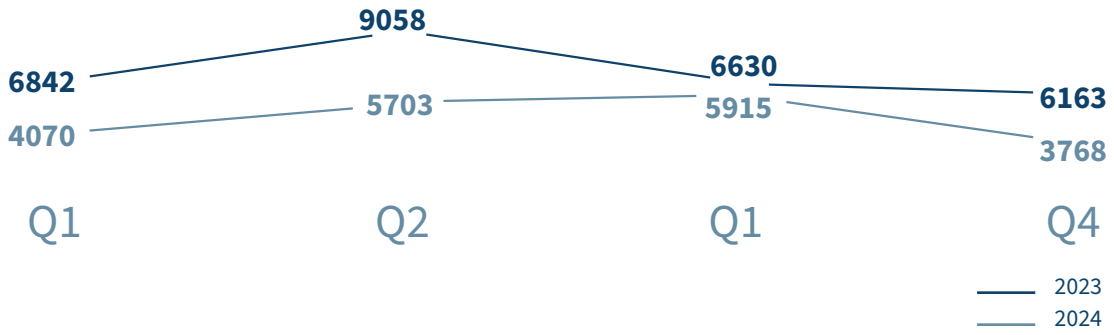
Strengthening Stakeholder Relationships

Liaison and Support Services prioritised stakeholder satisfaction through tailored engagement strategies and close collaboration with key partners. The department launched the Compassion in Regulation Forum, focusing on promoting compassionate regulation and promoting collaboration with national and international regulatory bodies. Insights gained during the ARAF period informed the creation of a dedicated internal working group to streamline processes and improve the stakeholder experience.

Providing Emotional Support and Managing Complex Cases

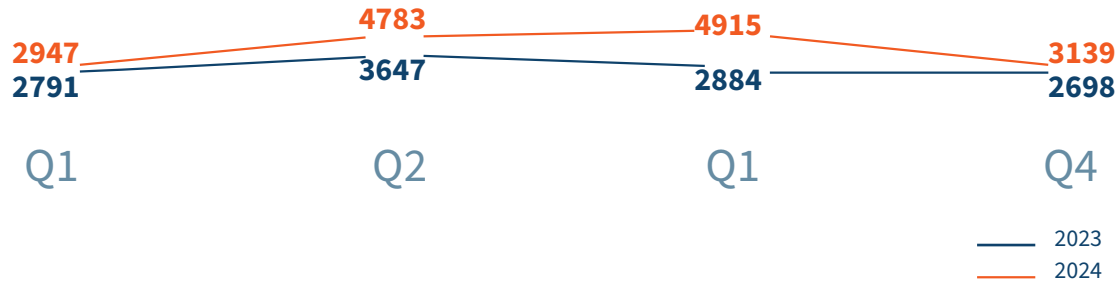
Wellbeing remained central to Liaison and Support Services' mission in 2024. To this end, CAREhub was launched, an independent emotional support service delivered by Lyra Wellbeing. The initiative has received overwhelmingly positive feedback, reinforcing Liaison and Support Services' commitment to supporting the wellbeing of stakeholders.

Calls presented 2023 v 2024



Demonstrates call presented in 2023 vs 2024 on the Registration phone line

Calls answered 2023 v 2024



Demonstrates call answered in 2023 vs 2024 on the Registration phone line

The Liaison and Support Services team assumed responsibility for managing distressed calls and emails, supported by specialised suicide prevention training provided by the National Office for Suicide Prevention (NOSP). This initiative has significantly supported staff in the handling of complex emotional cases, ensuring compassionate and effective support, with CAREhub providing additional support to stakeholders facing emotional challenges.

Driving Continuous Improvement

Continuous improvement underpinned all of Liaison and Support Services' operations in 2024. A QMS was developed, including scripts, standard operating procedures (SOPs), and policies to ensure consistent communication standards. A new database was introduced in March to capture and analyse incoming call trends, enabling the team to optimise resource allocation during peak periods. This system underwent several iterations and changes throughout the year to ensure the data being captured was both accurate and actionable. By analysing trends, the team identified key areas for improvement, and allowing the team to identify and address recurring issues proactively.

These insights allowed for targeted solutions that enhanced overall service delivery and ensured a better experience for stakeholders.

Through collaboration, communication, and resilience, the team has laid the groundwork for sustained success in 2025.

The Liaison and Support Services department has made remarkable progress in its achievements, underscoring its commitment to trust, transparency, and compassionate regulation. Through collaboration, communication, and resilience, the team has laid the groundwork for sustained success in 2025.

Corporate Affairs

Compliance

The Medical Council is committed to ensuring the highest compliance standards across the organisation, and continues to invest in training, process improvements, and awareness across each function of the Medical Council.

In recognition that the Medical Council is subject to a wide range of legislation, directives and best practices, in Q4 2024, a Head of Risk and Compliance was appointed. This role will be responsible for building a Risk and Compliance function to provide support across the organisation and ensuring the highest standards of compliance are met.

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

Subject to these Acts, Council members and members of the Executive holding designated positions are required to disclose material interests on appointment, and update disclosures of their interests annually, or when there is any relevant change. There were no material interests identified at Executive or Council level for 2024.

Protected Disclosures

The Protected Disclosures (Amendment) Act 2022 provides protection to people who make disclosures in the public interest. The Medical Council publishes an annual report specific to protected disclosures which provides further information on the reports received in the previous calendar year. The required policy and procedures are published on the Medical Council's website. These procedures are scheduled for review in 2025 to ensure they remain in line with the legislation and best practice.

Children First Act

The Medical Council has published internally its Child Protection and Vulnerable Persons Policy. The Medical Council is committed to ensuring that all concerns relating to the protection of children or vulnerable people that come to their attention are dealt with appropriately and referred without delay to the relevant authority. A Designated Liaison Person has been appointed and is responsible for ensuring the appropriate procedures are followed.

Equal Status and Public Sector Equality and Human Rights Duty

The Medical Council is dedicated to fostering an inclusive environment that celebrates diversity and promotes equality. We recognise that embracing a variety of perspectives, backgrounds, and experiences enhances our capacity to serve the public, medical practitioners, employees, and stakeholders effectively.

Gender diversity across medical practitioners is recorded by the Medical Council and available in Appendix B of this report. In line with the Code of Practice for the Governance of State Bodies the composition of the Council and Committee members is also monitored by the Medical Council and details are available in Appendix A of this report.

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.

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. An Access Officer has been appointed and is available to provide support as required. Eight requests for support were dealt with in 2024 by the Access Office.

The Medical Council is committed to not only meeting its minimum requirements for the employment of persons with disabilities but exceeding it. In 2024, the Council employed 6.61% of staff with disabilities.

Official Languages Act 2003 & 2021

The Medical Council continues to enhance its compliance with the 2021 Act and engage through the Irish language with those who request to do so. The Medical Council continues to publish consultation documents, annual reports, financial statements and statements of strategy in Irish.

Prompt Payments

Subject to the prompt payment of accounts legislation, the Medical Council reports quarterly to the Department of Health on prompt payments and these reports are available on the Medical Council website.

Information Governance

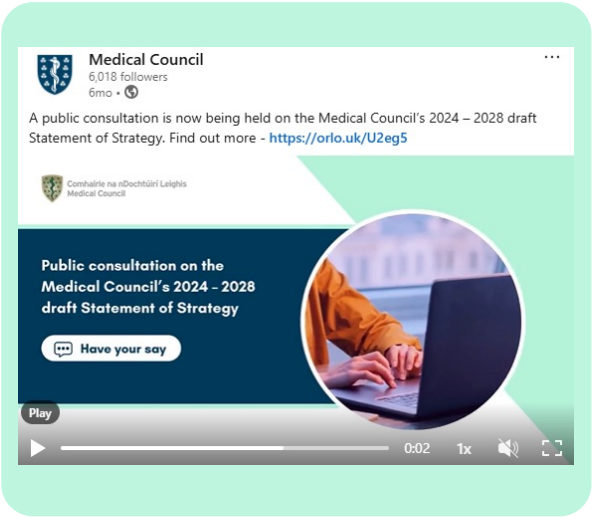
The Information Governance team plays a key role in upholding high standards of information governance across the Council. The team is primarily responsible for managing and responding to all requests received under the General Data Protection Regulation 2016/679 (the 'GDPR'), the Data Protection Act 2018 and the Freedom of Information Act 2014.

The team also manages any requests received under the European Union (Open Data and Re-use of Public Sector Information) Regulations 2021 (the Open Data Regulations). Information Governance also plays a key role in dealing with requests for information from other regulators, third parties and An Garda Síochána.

As outlined in Appendix D, numbers of requests received during 2024 have increased in some areas but remain relatively constant in comparison to 2023. Similar to 2023, adherence to statutory timelines for the processing and management of these matters remains high. The number of Subject Access Requests decreased by 26% in comparison to 2023 but the complexity and volumes of those requests increased. Similarly, requests from other parties such as An Garda Síochána and solicitors' firms have increased to 86. In respect of Freedom of Information requests, the Medical Council continuously strives to promote transparency and openness in the release of records with further detail provided in Appendix D. The number of Freedom of Information requests rose by 51% in 2024 versus 2023 and, similar to the nature of the Data Subject Access Requests, these were incredibly complex and voluminous at times.

The Information Governance team continues to deliver training to the Executive, Council and committees of the Medical Council addressing emerging issues, highlighting guidance from the Data Protection Commission and the Office of the Information Commissioner and providing support to ensure the Medical Council's continued compliance with information governance requirements. In addition to the above, the team works closely with colleagues across the organisation to enhance the information governance frameworks in place. This includes work on policies and procedures, review of proposals involving the processing of personal data and acting as an expert source of advice to colleagues on information governance issues.

The Information Governance team continue to engage with a variety of stakeholders in relation to requests for information across data protection and Freedom of Information legislation. 100% of these requests for 2024 have been completed.



Corporate Governance

The Council Governance team is responsible for supporting the Council and the President in its role as Council secretariat and with responsibility to convene, manage and run all Council meetings throughout the year. The team provides expert governance advice to colleagues, the Council and Committees to ensure adherence with the Code of Practice for the Governance of State Bodies. The team also has responsibility for delivering a comprehensive induction and learning and development programme for Council and together with colleagues, for Committees.

Meetings of Council:

In 2024, the Council Governance Team organised and managed:

- 9 scheduled Regulatory Council meetings,
- 4 Governance Council meetings,
- 27 Extraordinary Council Meetings (includes meetings held by the circulation of papers).

This amounted to upwards of 40 meeting days in 2024, a decrease of five meetings from the previous year. The majority of scheduled meetings were full days, and the Extraordinary Council meetings varied between half and full day meetings.

Appointments to Council and Committees

- The Council Governance team has a key role in ensuring appointments to the Council and its committees are managed in line with best practice. In 2024, two new Council members were appointed by the Minister for Health following nominations by:
  - Nomination from the Royal Irish Academy
  - Joint Nominee of the Medical Schools
- In November 2024, the Council Governance Team launched a recruitment process to establish a Finance Advisory Committee and supported the appointment of a Chairperson, Council members and external members to this Committee in December 2024.
- The Governance Team also launched a recruitment process for new members of the Health Committee in late 2024 but this process did not lead to the appointment of any new members.
- The Council Governance Team supported the annual review of the Committees' Terms of Reference in conjunction with Committee Secretaries, to ensure that the terms of reference remained in line with governance requirements.

Review of Council and Committees under the Code of Practice for the Governance of State Agencies 2016

The Council Governance team facilitated the process for the Council to undertake it's annual self-assessment of its own performance and that of its committees. This was carried out as part of effective corporate governance measures and to foster reflection and continuous improvement.

The team facilitated an Away Day for Council members in November 2024 to discuss the key learnings from its self-evaluation process.

Training and Induction

Training was organised by the Council Governance Team for Council members and was held in July 2024 and November 2024. New Council members induction training was held in November 2024.

General Counsel

The Legal team continued to provide legal support and strategic advice to the Council and Executive in 2024, across the Council's regulatory and corporate functions. The team provided legal advice to the organisation in relation to its regulatory functions in the areas of Registration, Education and Training, Maintenance of Professional Competence and Ethics as well as on matters relating to statutory interpretation, fair procedures, administrative law, information governance law, litigation, contracts and all other day-to-day legal matters that may arise. In 2024, the legal team managed several contentious matters including litigation before the High Court and the Workplace Relations Commission.

Registration / Registration Appeals

In a recent decision, the High Court examined the fairness of the Medical Council's procedure in relation to registration and registration appeals issues. The Medical Council were successful in this matter and a very helpful decision was issued by Mr Justice Micheál P. O'Higgins. The High Court highlighted that the Medical Council is not obliged to automatically accept every application for registration. It was accepted that reviewing an application for Registration is an administrative procedure which requires sufficient safeguards given that it affects an individual's fundamental rights. The Court noted that what amounts to satisfactory safeguards would depend on the facts of an individual case.

Information Governance

In 2024, the legal team continued to work together with the Information Governance Team to ensure that the Council adhere to our obligations under the GDPR, the Freedom of Information Act 2014 and the European Union (Open Data and Re-use of Public Sector Information) Regulations 2021 and respond to governing bodies appropriately and in a timely and effective manner.

Legislation / Policy

In 2024, the legal team contributed to several cross organisational projects to progress the development of healthcare regulation in Ireland. The team continues to play a key role in supporting the implementation of recent legislation such as the Regulated Professions (Health and Social Care) (Amendment) Act 2020 (as amended).

Legislative Affairs

The Legislative Affairs team liaised with the Department of Health in relation to further amendments to the legislation governing the activities of the Council. These amendments will create further operating efficiencies. These amendments will create further operating efficiencies and will be progressed in conjunction with the Department in 2025.

Communications and Engagement

2024 was another productive year for the Communications and Engagement team, the department responsible for overseeing communications strategies and initiatives. The team supported many different areas of the organisation, covering everything from awareness campaigns and media relations, website and social media updates to stakeholder engagement activities.

The Communications and Engagement team received and responded to 64 media queries in 2024. Fourteen press releases were issued across a variety of topics ranging from our Medical Workforce Intelligence Report to Public Consultations and position statements.

The team continued to provide strategic communications advice to sections within the organisation as well as providing communications support on several launches and public consultations in 2024. Medical Council research reports, position statements, and guidance were driven by continuous communications activity throughout the year.

Following a successful bid in 2023 to host the 16th International Conference on Medical Regulation in Dublin; in spring 2024, the Communications and Engagement team began planning for the conference. Organised by IAMRA (International Association of Medical Regulatory Authorities) and hosted by the Medical Council of Ireland, this international conference will welcome delegates from countries worldwide in September 2025.

In Q1 and Q2 of 2024, the Digital Communications function completed a substantial amount of work on the Medical Council's website including ongoing content audits, user experience improvements and a design refresh. The homepage also underwent a full redesign including improved navigation, banner refresh, content support blocks and a blog section, as well as improving accessibility through improved colour contrast on our homepage buttons to improve readability.

Some of the blogs featured include those focused on various departments of the Medical Council e.g. Education & Training, Complaints, Research, Registration that drive traffic to the website. Topics covered included Open Disclosure Framework & Legislation, Safe Prescribing and Dispensing of Controlled Drugs, Registration and Medical Council Research & Regularly Data Insights. In addition, the team partnered with the Complaints & Investigations team to carry out a full content audit, and created a new Complaints landing page.

Five newsletters were issued to our database of over 30,000 doctors and stakeholders throughout the year, with an average open rate of almost 70%. Newsletters generated traffic to website blogs, press releases and reports.

The Communications and Engagement team also continued to support the President, CEO and members of the Executive Leadership Team with over 30 external speaking engagements throughout the year. Support included the provision of various materials such as briefing notes, presentations and speeches. Furthermore, the Communications and Engagement team continued to support the Medical Council in developing its public affairs activity through the management of Parliamentary Questions, queries from members of the Oireachtas and co-ordinating responses to Ministerial representations. 23 PQ's were responded to, as well as 43 Ministerial Representations.

In January 2024, our President, Dr Suzanne Crowe, was invited to address the Joint Oireachtas Committee on Assisted Dying in relation to updates within the 9th edition of the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners.

The team also led a Brand Refresh on the Medical Council's branding, developing a refreshed brand identity for the organisation, with accompanying brand guidelines and design principles. The refreshed brand has been tested extensively for accessibility and optimised for web use. The last updates to the Medical Council's brand took place in 2011.

Dr Suzanne Crowe, Medical Council President addressing the Joint Committee on Assisted Dying.

Events and conferences

During 2024, Medical Council employees and Council members delivered presentations about our role and work at a number of conferences and events, including:

- Health and Social Care Strategic Workforce Planning Conference, Dublin Castle
- Oireachtas Committee on Assisted Dying
- 20th National Health Summit
- Lecture on Professionalism, RCSI
- Sudanese Doctors in Ireland Workshop
- International Association of Medical Regulatory Authorities Webinar
- Grand Rounds, University Hospital Limerick
- Changing Horizons – Framing the Delivery of Training to 2030 and beyond – RCPI
- Grand Rounds, Beaumont Hospital
- Real life as a Professional: patient centred care and self-care – Lecture to medical students in RCSI
- College of Psychiatrists of Ireland Spring Conference
- Management in Radiology Meeting - Faculty of Radiologists
- Irish Paediatric Anaesthesia & Critical Care Society meeting
- RCSI Medical Professionalism Conference
- EY Spring Series – "Health workforce retention – a catalyst for integrated care"
- NCHD Conference - National Doctors Training and Planning
- Confederation of European Otolaryngology & Head and Neck Surgery
- LGBT Ireland Healthcare Conference
- Irish Urology Surgery meeting
- Patient and Public Partnership Conference
- The Case for Reform in Fitness to Practise Matters
- CLEAR's 2024 Annual Educational Conference
- IAMRA Symposium
- Webinar for trainees on Medical Council processes hosted by Forum of PGTBs
- Women in Medicine Ireland Network Conference
- Irish Hospital Consultants Association Conference
- Irish Palliative Medicine Consultants Association AGM
- Irish Pakistani Professionals Association (IPPA) Annual Conference
- University of Galway 3rd Year Transitioning Ceremony
- General Internal Medicine study day RCPI

Communications Achievements 2024

23

PQ's responded to in 2024

43

Ministerial representations

12

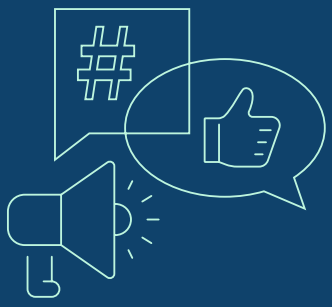
Blogs published

5

newsletters issued, each sent to over 30,000 reciepants

124

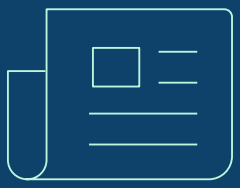
Social Media posts in Irish



Assisted with

30

speaking engagements



14

Press releases issued in 2024

Risk Management

The Medical Council is committed to ensuring that risk management is embedded as part of normal day-to-day business, as well as to inform the strategic, business and operational planning of the organisation.

The Medical Council must accept an element of risk across its activities. However, as a public interest organisation, the Medical Council does seek to mitigate risk as far as possible. Its key role is to protect the interests of the public when dealing with registered medical practitioners and as such, its risk appetite is generally low to zero. The Medical Council recognises that to successfully deliver on its mission, to enhance its public service role and provide a greater return to its key stakeholders, it must be prepared to avail of opportunities where the potential reward justifies the acceptance of a certain level of additional risk.

Risks are monitored on an ongoing basis by the CRO and formal reviews between the CRO and Risk Owners occur, at a minimum, on a quarterly basis. The CRO also has quarterly meetings with the CEO. Quarterly risk reports are provided to both the ARC and the Council. ARC and Council members have real time access to the Risk Registers via risk management software. In Q1 2025, the Medical Council reviewed and approved an updated Risk Management Policy and Corporate Risk Register.

At the close of the Q4 2024 reporting period, the Medical Council had 84 risks across 16 sectional risk registers. The principal risk themes which were identified in 2024 are provided below.

Regulatory Compliance and Legislative Developments

The processing times of registration applications were a challenge in 2024. The Executive implemented various process improvements to address delays, while ensuring public safety was not compromised.

There continued to be a high volume of FTP referrals in 2024. The appointment of a second solicitor into the team has provided some support but the number of cases remained high at the end of 2024.

At the end of 2024, the responsibilities of the Medical Council as set out in the Human Tissue Act 2024 were identified as an emerging risk, particularly with regards to staff resourcing. A needs-analysis was underway at the close of the reporting period.

People & Culture

The departure of staff at a senior level within the organisation presented a level of disruption in leadership capacity across the organisation. Interim leadership responsibilities were re-assigned, as appropriate, and work prioritised. However, due to these departures, some strategic initiatives did experience delays.

Due to staff turnover or leaves of absence simultaneously within teams, along with recruitment challenges, the ability of some teams to progress work was hindered and this will continue to be a challenge in 2025. This issue also contributed to the increase in operational spend as some work that would typically be done internally, was outsourced.

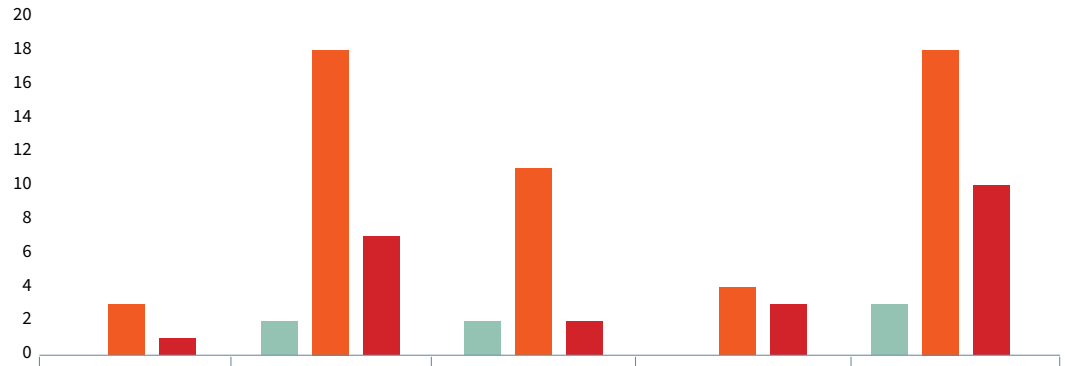
Finance

The Medical Council continued to address the increase in operational costs, specifically with regards to legal costs, due to an increase in volume and complexity of legal activity. The Council and the Executive continue to work closely together to maximise the internal expertise available and to ensure value for money from external providers.

Governance

The Medical Council recognises the importance of good governance practices to fulfil its role as not only a regulator but as a board in the public sector. Projects continued with regards to Council, Committee and Executive engagement however, due to staff turnover in key governance areas, some governance projects did not progress as expected and work is now expected to be completed in 2025.

Categorisation of Risks by Ranking



	Strategic	Compliance	Reputational	Finance & Funding	Operational
Green Risks	0	2	2	0	3
Amber Risks	3	18	11	4	18
Red Risks	1	7	2	3	10

Information and Communications Technology

Continuing on the themes of operational resilience and stability from the previous year, 2024 has delivered strong foundations from which to move forward with development of a new Digital Strategy and transformation programme from 2025 onwards.

Achieving fulfilment of all vacant roles in IT with the permanent recruitment of a number of key positions is amongst our most important achievements of the past 12 months. Despite a challenging recruitment landscape, we have successfully onboarded permanent team members in the areas of Business Applications management, Cyber Security and Programme management. The stability in our team is now contributing to an ever- increasing improvement in operational performance, strengthening institutional knowledge and solidifying our structure.

In the cyber security space, our primary focus has been on our readiness for the incoming NIS2 legislation. We have developed a cyber security strategy which aligns with our requirements under NIS2 and developed a programme of work to implement this strategy, prioritised on a risk-based approach, across 2025. In addition, we have made significant progress in improving our cyber security posture through a series of tactical measures. We have addressed a number of risk areas by strengthening our endpoint management systems to include industry leading detection and response capability (and integrating into our Managed SOC) and have implemented a cyber security training and awareness programme which provides mandatory training to all staff across the organisation on a monthly basis. Given the nature of cyber security and the ever-changing landscape, we continue to test our readiness by completing testing and assessments across our local and cloud environments, and remediating risk areas by implementing best practice standards and configurations.

From a business applications perspective, we continued the development of our core systems delivering a range of key functionalities including integrations and automated workflows, improvements to our renewals process to the benefit of our doctors, and back-end administration improvements to the benefit of our registration colleagues. We have continued to increase the scope of case management applications to include fitness to practice and monitoring functions, and better accommodate end-to-end processing of our complaints processes. We have also continued to strengthen relationships with our key implementation partners with the improvement and regularisation of comprehensive service reviews including members of our key user community. In Q3, we successfully migrated our SAP implementation from the SAP cloud to a managed private cloud solution, delivering increased support and cost savings from a licensing perspective.

At an infrastructural level we have implemented a range of new processes and procedures which have contributed greatly to a more stable environment. Operational monitoring has been introduced across our environment and continues to be tuned and optimised; New procedures governing patch and update management have been developed and implemented; a comprehensive review of our backup environments and resilience capabilities has been undertaken, and a comprehensive review of our users data stores has been completed resulting in a number of fundamental changes to be deployed early in 2025.

Finally, work has continued across 2024 in our End-User services to procure and configure our new IT Service Management platform which will be rolled out to users on a phased basis beginning Q1 2025. This solution will dramatically improve our ability to respond appropriately to requests for support and new services, while providing insights into recurring issues and allowing preventative actions to be targeted. This solution will also facilitate improved asset management processes and will be used to improve governance around change control.

Our outlook towards 2025 is to continue delivery of key ongoing programmes of work alongside the development of our digital strategy.

Facilities

Building Management

Rent Review

A rent review process initiated by the Medical Council's landlord in Q4 2023 successfully concluded in August 2024 with a Nil Increase negotiated on rent payable.

Move to new landlord following the sale of Kingram House

Following notification that Kingram House had been placed for sale on the open market, the Facilities team commenced engagement in April 2024 with receivers and sales agents appointed to facilitate viewings, and to provide all required information and documentation pertaining to the property.

"EPARGNE PIERRE EUROPE, société civile de placement immobilier" took ownership with effect from 27th August 2024. In managing the landlord relationship and lease terms, the Facilities team continue to liaise with the appointed property management representatives over the course of the remaining lease term.

Kingram House Refurbishment Project

In advance of expiry of the 12-month Dilapidations Period on 24th February 2024, a review of the property and works undertaken was conducted by Facilities and the appointed construction team and designers. Remediations identified were addressed by the relevant contractors. following which final confirmation of satisfactory completion was agreed.

In implementing key HVAC and wider upgrades, a revised BER B3 rating was received, up from the previous D2 rating. This project is anticipated to provide the Medical Council with enhanced building and energy performance over the remaining term of the lease. This will continue to be actively managed under both the Building Management and Climate Action remit.

Facilities Management

The Facilities Team continued to facilitate in-house meetings including those for Council, Fitness To Practise inquiries, specialist interest groups and publication launches, and to deliver wider operational supports throughout 2024.

A Facilities Management tender was completed in 2024 with onboarding and engagement to commence in 2025. Initiation of the onboarding process will be a key priority Facilities in Q1 2025 with a phased approach to service transfer and roll out of the new service provisions. With multiple incumbent service and supply types, a streamlined approach to onboarding will be required and new services will be staggered over a number of months.

Building works

Minor building projects were carried out or progressed in 2024, including:

- repairs to the board room following water ingress. A thorough investigation identified issues with the party wall and building envelope which were successfully repaired. Facilities re-opened the space for use in August 2024 following completion of both internal and external repairs.
- repointing of the historic Schoolhouse structure.

Additional works identified in 2024 have been scheduled for completion in early 2025, including:

- Repairs to glazed Atrium Roof will take account of identified health and safety requirements, impacts to operations and restricted access to areas during this period.
- Repairs to exterior wall capping requiring historic expertise.
- Building works as part of the ICT team's AV installation project will be supported by the Facilities team's building and safety expertise.

Health & Safety

The Medical Council's Health & Safety Officers continued to manage and mitigate risk over the course of 2024.

- H&S Risk Assessments were reviewed and updated with emerging risks captured.
- A review of the Safety Statement was carried out.
- Manual handling training was completed in July 2024 by staff who were impacted by manual handling tasks in their roles.

- In line with Sections 19, 6 of the 2005 Act and Part 6 of the Safety Health and Welfare at Work (General Application) Regulations 2007, a series of special category risk assessments were provided, including those for pregnant employees, and where reasonable accommodations necessitated specific risk assessment.
- No accidents were reported, with one minor incident addressed in 2024 by Health & Safety personnel.
- Following receipt of a suspicious package and engagement with An Garda Síochána, the Medical Council's relevant policy was updated to reflect changing threats and circulated.
- Two group inductions were delivered, providing an overview of the Health & Safety remit and responsibilities for both the employer and employees under the Safety Health and Welfare at Work Act 2005 ("the 2005 Act"). Additional inductions were delivered throughout the year where required.

Climate Action & Sustainability (incl. ESG)

SEAI Monitoring & Reporting

SEAI reporting in 2024 (for the 2023 period) was completed by the Environmental Protection Officer.

Management of energy consumption reported 79% energy efficiency by year end 2023 against the baseline, an improvement of 8.4% on 2022 SEAI results. The Fossil/ Thermal CO_2 target has been achieved following the move to a heat pump system. Total energy related CO2 emissions are also on target to 2030, with a required 13.6% reduction remaining, and a further focus to maintain this trajectory will be given to this area in 2025.

Climate Action and Mandate

In line with Climate Action Mandate (the Mandate) requirements, the CEO appointed Roseanne Fox as the Medical Council's Climate Action & Sustainability Champion in November 2024. Under Section 2.2 of the Mandate, Roseanne will be responsible for implementing and reporting on the mandate with support from Ciara McMorrow as the Medical Council's EPO.

- A Statement of Compliance with the Mandate was completed by the SEAI deadline of 6th December. This 3rd stage of the annual SEAI reporting was an additional requirement in 2024 (reporting retrospectively for the 2023 period) and addressed our compliance with the Mandate.
- Development of a Climate Action & Sustainability business plan was approved for delivery in 2025. Projects associated with this agenda will be progressed as part of the wider business objectives and in line with the Statement of Strategy for 2025-2028.
- Engagement with Energy Consultants to complete AHRAE Level 2 audit commenced in December 2024. This audit will support development and implementation of energy management programmes as per SI 426 of 2014 and is expected to make recommendations for improved performance of building systems and increased energy efficiencies.

Statement on implementation of the Climate Action Mandate and Sustainability Activities

The government's Climate Action Mandate sets out objectives for public bodies, including the reduction of greenhouse gas emissions by 51% and improvement in energy efficiency by 50% by 2030.

In completing the SEAI Statement of Compliance with the Mandate in 2024, the Medical Council assessed opportunities for further improvement

- Projects for delivery under the Climate Action Roadmap were identified and agreed. These will support our ongoing commitment to sustainability and emissions reductions to 2030.
- A Learning and Development Strategy was implemented with Leadership and Green Team training programmes engaged for delivery.
- An ASHRAE Level 2 Energy Audit commenced in 2024. This audit is expected to identify energy drivers and make recommendations for further improvements to both building performance, and to policy and reporting processes.
- Our Statement of Strategy 2025-2028 demonstrates the Medical Council's commitment to ensuring that we, as a Public Body, lead by example on climate action and sustainability initiatives. In accordance with the Strategy, the Medical Council will:
- Develop and implement a Climate Action strategy that will support the Medical Council in becoming an environmentally conscious and sustainable organisation.

- A Climate Action and Sustainability business plan detailing the objectives was approved for delivery in 2025.
- Having removed single use plastics and compostable catering supplies in 2023, a further review of single use products was carried out to identify additional opportunities within the Medical Council's supply chain. These opportunities will continue to be implemented in 2025 on a phased basis.

Energy efficiency and greenhouse gas emissions

We are committed to making every effort possible to be energy efficient and to operate sustainably. The Medical Council's Facilities team continue to manage and monitor our energy consumption against the SEAI baseline and the energy efficiency and CO2 targets to 2030. Following submission of data reported in 2024, for 2023 SEAI reporting cycle, the Medical Council maintained its positive trajectory:

Fossil CO_2 emissions

In 2023, fossil CO_2 was 88.8% below the baseline of 52,022 kgCO2.

2023:

5,815 $kgCO_2$

2030 target: 25,491 $kgCO_2$

If fossil CO_2 is maintained at this level for another 7 years, this target will be achieved. No planned energy-saving projects have been reported that will reduce fossil CO_2 in 2030*.

Total CO_2 emissions

In 2023, total CO_2 was 66.6% below the baseline of 190,267 kgCO2.

2023:

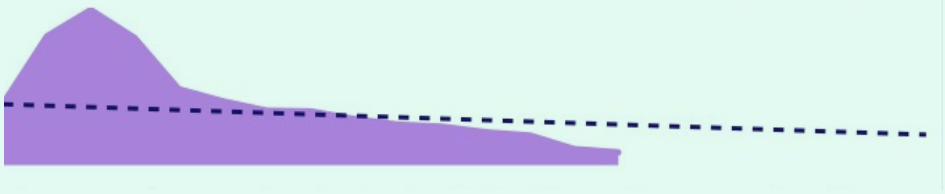
63,547 $kgCO_2$

2030 target: 54,889 $kgCO_2$

To achieve this target, total CO_2 must reduce by another 13.6% from 2023 level within 7 years. No planned energy-saving projects have been reported that will reduce total CO_2 in 2030*.

Energy efficiency

By 2023, energy performance had improved by 79.0% since the baseline.



If energy performance is maintained at this level for another 7 years, the efficiency target will be achieved. No planned energy-saving projects that will improve performance in 2030 have been reported*.

Energy Efficiency

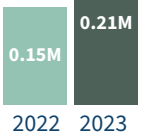
The reported 37.2% increase in electricity can be attributed to the move away from gas heating to a heat pump led HVAC system, and an increased building occupancy and the move back to key in-person meetings.

The 76.6% decrease in gas usage reported in 2023 is attributed to the installation of the heat pump system during the refurbishment of Kingram House.

A small reliance on gas will however remain to heat the listed element of the Medical Council's offices.

With completion of the refurbishment in Q1 2023, we have achieved our energy efficiency target to 2030. Further work to maintain this progress in light of increased activity will be continue through awareness, delivery of initiatives, and engagement by the Leadership Team and revamped Green Team.

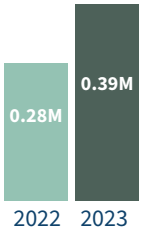
Electricity



Final energy

208,806 kWh

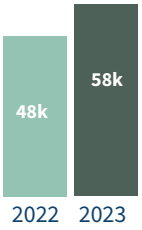
consumed in 2023



Primary energy

391,661 kWh

consumed in 2023

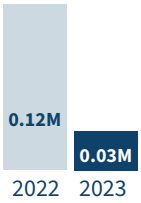


CO_2 emission

57,733 $kgCO_2$

emitted in 2023

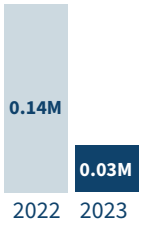
Thermal energy



Final energy

28,399 kWh

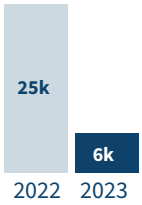
consumed in 2023



Primary energy

33,649 kWh

consumed in 2023



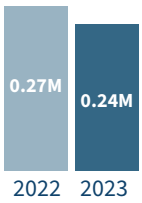
CO_2 emission

5,815 $kgCO_2$

emitted in 2023

With completion of the refurbishment in Q1 2023, we have achieved our energy efficiency target to 2030.

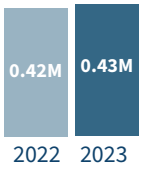
Electricity



Final energy

237,206 kWh

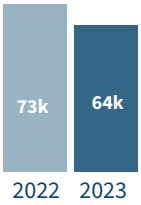
consumed in 2023



Primary energy

425,310 kWh

consumed in 2023



CO_2 emission

63,547 $kgCO_2$

emitted in 2023

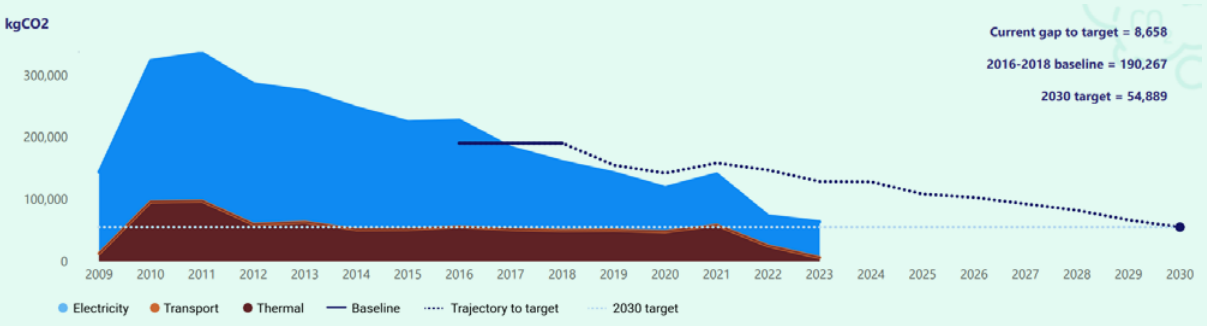
CO_2 Emissions

In 2023, the Medical Council produced 63,547 $kgCO_2$ of total energy related CO_2 emissions. A further reduction of 13.6% will be required to 2030 and energy saving projects will continue to be developed and implemented to address this shortfall.

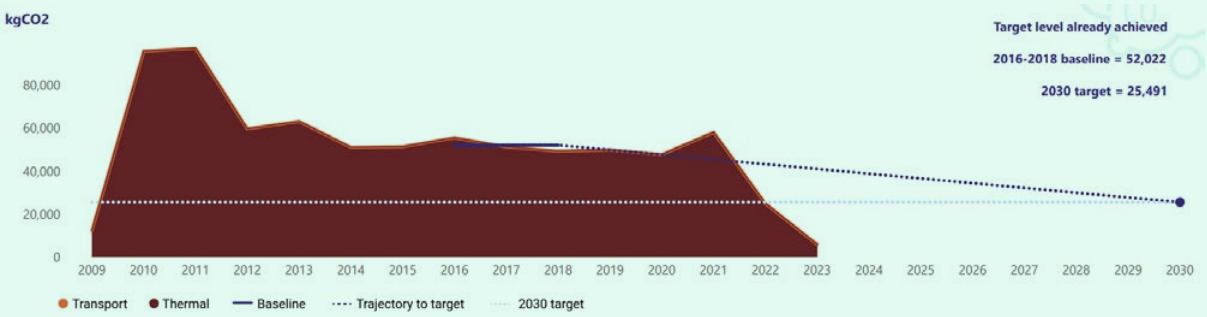
We are pleased to have achieved and exceeded the Fossil/ Thermal CO_2 target with 5,815$kgCO_2$ emitted in 2023, 88.8% below the baseline of 52,022$kgCO_2$. However, as transport related emissions have not yet been included in the data reported through the SEAI's M&R system, this will be kept under review in 2025.

A Gap to Target analysis will be carried out in 2025 as part of the wider business plan objectives which will inform development of energy emissions projects and other initiatives. Current reporting data for Fossil CO_2 targets total CO_2 targets is encouraging. Further work to maintain this positive direction, to build compliance within an environmentally conscious organisation, and to embed a sustainability culture across the organisation, will continue in 2025.

Total CO_2 target



Fossil CO_2 target



People and Culture

The People and Culture team is dedicated to fostering an inclusive and supportive workplace where every employee can thrive. This team plays a pivotal role in aligning our organisational goals with the wellbeing and development of our people. By focusing on employee engagement, and a positive work environment, the People and Culture team ensures that our values are reflected in every aspect of our operations.

Our commitment to diversity, inclusion, and employee wellbeing is at the heart of our People and Culture initiatives. Through innovative programs and continuous support, we strive to create a workplace where everyone feels valued and empowered to contribute their best. The People and Culture team is not just about managing human resources; it's about nurturing a culture that drives success and innovation.

Organisation Design

The new organisation design was implemented, embedding all new structures and transitioning relevant functional activities. Formal and informal interaction models were established for each functional area in line with the approved Organisation Design. The Executive Leadership Team (ELT) completed a year-end Organisation Design review in a workshop in November, and an annual review will be conducted as part of the Annual Business Plan process in 2025.

We continued to build organisational capability by closing the recruitment of 43 roles, arising from the Organisation Design and natural attrition. As of year-end, the approved sanctioned headcount was 147. The remaining Organisation Design roles, which have been paused, will carry over to 2025. All but four of these roles have been filled in 2024, with the remaining to be completed in 2025 after a review of the Organisation Design and its effectiveness across the directorates.

Values

Throughout the year, we facilitated a series of top-down, all-staff workshops to consult and define our values and articulate the behaviours that support their delivery. This process has embedded a new values-driven approach into our ways of working. Our new core values—**Trust, Accountability, Excellence, Collaboration, and Respect**—were developed through comprehensive workshops involving input from all staff and council members, ensuring they truly reflect our collective vision. These values are more than just words; they form the foundation of our culture and guide every aspect of our operations. We are committed to integrating these values into all parts of the employee experience, from recruitment and induction to performance conversations and daily interactions. By embedding these principles into our practices, we aim to create a cohesive, supportive, and high-performing work environment where every employee feels valued and empowered to contribute their best.

Ways of Working

The current interim Blended/Hybrid working model was reviewed to ensure alignment and support for the new Organisation Design and ways of working. A new Ways of Working Policy was redrafted to align with the WRC code of practice and implemented in September. The policy will be reviewed in March 2025.

Our commitment to diversity, inclusion, and employee wellbeing is at the heart of our People and Culture initiatives.

Above: Staff members attending an informative talk hosted by the Wellbeing Group.

Left: Several staff members took part in the Remembrance Run in aid of our Charity of the Year.

Core People Data

Core People Policies were reviewed and aligned with relevant public sector circulars and legislative changes. The 2024-year end attrition rate was 10% overall. This is set against the backdrop of transformational change across the year and at 6% below average attrition rates in Ireland of 16% for organisations of our size, and a reduction of 5% on the previous year's attrition rate of 15%. During 2024, we used the insights from 2023 to guide our activities. For 2025, we will continue to build on and consolidate the development of People and Culture strategy and initiatives started in 2024, to drive capability with continued talent retention and engagement levels to enable the overall organisation's Strategic objectives.

These initiatives complemented the activities of the Employee Wellbeing Group, which focuses on ensuring staff maintain a well-rounded and balanced approach to their work and personal lives.

Finance

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. Reports were provided to the Executive Leadership Team and the Audit and Risk Committee to ensure the Council was fully informed throughout the year. Terms of Reference were agreed for a new Finance Advisory Committee in Q4 2024, and this will be stood up as a Committee in 2025.

The key strategic objective in the 2024 Business plan for Finance was to ensure prudent financial management to achieve our strategic and operational goals, steward Council funds, and maximise the pool of financial resources available to deliver on our statutory functions. Core delivery elements for the function over 2024 were supporting key strategic projects and actioning three salary increases for all employees and pensioners throughout 2024 under the "2024 – 2026 Public Service Pay Agreement". Strategic Resource management continues to be implemented across the organisation to ensure best use of resources in the most cost-effective way. Finance, in conjunction with ELT, and People and Culture, continue to monitor the existing headcount and ensure best use of resources. Following a tender process in Q4 2023, a new Legal Contracts Service Level Agreement was implemented in 2024, ongoing management and oversight of all cases with all external legal firms continues in line with new contract arrangements.

Audit

There were three Internal Audits completed during 2024, they included a review of our Procurement, Purchasing & Payments Processes, the Registration Income Process and the annual Internal Financial Control Review for 2023. We also commenced the Annual Internal Financial Control Review for 2024, and this is scheduled for completion by the end of Q1 2025. Completed internal audit reports were brought to the Audit and Risk Committee (ARC) for approval and all recommendations will be reflected in the operational business plan and risk register where necessary. The Finance team collaborated with the Internal audit team and provided all documentation to the team through a secure network to ensure completion of all scheduled audits for 2024.

The Finance unit has 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 2024. The Finance Act 2022 introduced Section 897C (Enhanced Reporting Requirements) which requires employers to report details of certain expenses or benefits made to employees and directors. This was implemented by the Finance unit in 2024 for employees and directors. The Business Partnering model, the need for which was identified as part of the historic Organisational Design, has been fully implemented in 2024, and enables the Finance team to provide greater support to the strategic business units within the organisation.

Procurement

The Procurement function of the Medical Council continues to take responsibility for overseeing the development and management of procurement activities, ensuring the organisation is fully compliant with national and EU procurement procedures.

During the year, a number of significant procurement procedures were completed and commenced. The key procurements managed by the function were:

1. The Supply, Installation and Maintenance of Audio-Visual Solution
2. The Provision of Recruitment Services
3. The Provision of Facilities Management Services and
4. The Provision of Consultancy and Support Services in Respect of the Medical Council's Professional Practice

In addition, a number of information goods/services were tendered for using the Request for Quote (RFQ) process and availing of the Office of Government Procurement's (OGP) Frameworks. These included:

1. Emotional Support Services
2. ICT Cyber Security Staff Training and Awareness
3. IT Helpdesk
4. Brand Refresh
5. Facilitator Services- Statement of Strategy
6. Financial Review Services
7. FOI Decision Making Advisory Services
8. Refurbished Notebooks

Towards the end of 2024, both Procurement Executive Officer vacancies were successfully filled and training of the new team members on all matters pertaining to Procurement commenced.

Taking accountability for our decisions and actions

Financial Statements

Council Members and Other Information
January- December 2024

President	Dr Suzanne Crowe	
Vice President	Dr Mary Davoren	
Chief Executive Officer **Interim Chief Executive Officer**	Mr Leo Kearns (January- September 2024) Ms Yvonne Clancy (October-November 2024) Mr Ciaran Buggle (December 2024)	
Council	Dr Mary Davoren Professor Ronan O'Connell Ms Sinead Corcoran Professor Edna Roche Mr Ian Drennan Mr Nauman Nabi Mr John Gleeson Ms Teresa Bulfin Mr Paul Harkin Mr Jim O'Sullivan Mr Joe McMenamin	Ms Jill Long Professor Deirdre Murphy Professor Mary O'Sullivan Dr Margaret O'Riordan Dr Liqa ur Rehman Ms Marie Culliton Professor Orla Muldoon Professor Richard Green Mr John Murray Professor Morgan Crowe Mr Ronan Quirke
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 DAC Beechcroft 3 Haddington Buildings Percy PI, Ballsbridge Dublin 4 Byrne Wallace 88 Harcourt Street Saint Kevins Dublin 2	

Governance Statement and Council Members' Report

Governance

The Medical Council was established under the Medical Practitioners Act 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 Executive Leadership team. The CEO and the Executive Leadership 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 January 2025. 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 2024.

Governance Statement and Council Members' Report
(continued)

Council Structure

The Council consists of a President, Vice President and twenty ordinary members, all of whom are appointed by the Minister for Health. There was one resignation during 2024 and there are currently three vacancies on the Council. The majority of members of the Council appointed were for five years however there are 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	Reappointed	Resigned
Dr Suzanne Crowe	President	01/06/2021	01/06/2023	
Dr Mary Davoren	Vice President	01/06/2023	01/06/2023	
Professor Mary O'Sullivan	Ordinary Member	15/06/2018		
Ms Teresa Bulfin	Ordinary Member	15/06/2018	01/06/2021	
Mr John Gleeson	Ordinary Member	15/06/2018	01/06/2021	
Mr Paul Harkin	Ordinary Member	15/06/2018	01/06/2023	
Mr Jim O'Sullivan	Ordinary Member	15/06/2018	01/06/2021	
Mr Ian Drennan	Ordinary Member	04/01/2021	01/06/2023	
Ms Jill Long	Ordinary Member	14/06/2021		
Ms Marie Culliton	Ordinary Member	27/08/2021		
Dr Margaret O'Riordan	Ordinary Member	01/06/2021		
Mr Ronan Quirke	Ordinary Member	14/06/2021		
Professor Edna Roche	Ordinary Member	01/06/2021		
Ms Sinead Corcoran	Ordinary Member	01/06/2023		
Professor Deirdre Murphy	Ordinary Member	01/06/2023		
Mr Nauman Nabi	Ordinary Member	01/06/2023		
Professor Ronan O'Connell	Ordinary Member	01/06/2023		
Dr Liqa Ur Rehman	Ordinary Member	01/06/2023		
Professor Orla Muldoon	Ordinary Member	01/01/2024		
Professor Richard Green	Ordinary Member	06/08/2024		
Professor Morgan Crowe	Ordinary Member	13/11/2023		
Mr John Murray	Ordinary Member	15/06/2018	01/06/2023	
Mr Joe McMenamin	Ordinary Member	01/06/2023		30/06/2024

The 2023-2026 Medical Council commenced its term in June 2023. 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 eight Committees, as follows:

1. Audit & Risk Committee (ARC)

Five meetings held in 2024

The Audit, & 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 of the Medical Council. The Committee is comprised of 6 members, 4 Council and 2 external members. There were 5 meetings of the ARC held in 2024.

2. Preliminary Proceedings Committee (PPC)

Nine meetings held in 2024 over 2 days each. The Committee sat for 18 days in total.

The Preliminary Proceedings Committee is established under Section 20(2) of the Medical Practitioners Act 2007 to give initial consideration to complaints against medical practitioners. The Preliminary Proceedings Committee is chaired by Mr John Gleeson. All meetings of the PPC were held remotely, taking place over two days, counting as one meeting. As of January 2024 there were 25 members on the PPC, 15 external members and 9 Council members. There were no new members recruited in 2024. One member resigned during 2024, attending their last meeting in March 2024.

3. Fitness to Practise Committee (FtPC)

Forty-two Inquiries held in 2024

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 3 members of the Fitness to Practise Committee, 2 non-medical members and 1 medical member with at least 1 of the members being a Council member. There was a total of 42 Inquiries held in 2024.

4. Registration and Continuing Practice Committee (RCPC)

Eight meetings held in 2024

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 RCPC is assisted and supported by 2 sub-committees, the Performance Assessor Subcommittee, and the Registration Review Board (RRB). The Committee is comprised of 10 members: 2 Council members (1 non-medical member, 1 medical) and 8 Non-Council members. The Committee is Chaired by Ms Teresa Bulfin.

5. Education and Training Committee (ETC)

Six meetings held in 2024

The purpose of the Education and Training Committee (ETC) is to develop, monitor, and evaluate Medical Council strategy with respect to medical education and training and practice of Anatomy. The ETC ensure a high-quality accreditation/inspection framework and effective processes for quality assurance and enhancement of Medical Education Training, recruiting and training Assessors, making decisions/ recommendations on findings of Assessor Teams, monitoring implementation of conditions and recommendations, and considering applications for recognition of new specialties and making recommendations to Council.

The ETC was chaired by Professor Edna Roche. The Committee is comprised of 4 Council members (1 of whom are Ex Officio), 1 member who may be a Council member or external member, and 7 external members (2 of whom are Ex Officio) of which there is 1 vacant ex-officio position. There were 6 meetings held in 2024. There are 12 committee members.

6. Health Committee (HC)

Seven meetings were held in 2024

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 following each plenary meeting of the Committee. There were 7 plenary meetings of the Committee in 2024 where reports arising from 95 review sessions were considered. A review session between 2 members of the Committee and an individual medical practitioner typically last about 45mins/1 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.

7. Monitoring Committee (MC)

Six meetings held in 2024

The Monitoring Committee monitors doctor'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.

8. Registration Adjudication Committee (RAC)

10 meetings held in 2024

The Registration Adjudication Committee is to determine non-standard applications for registration in the first instance by granting registration; granting registration with appropriate conditions attached or recommending refusal of registration. The Committee is comprised of 7 members: 1 Council member and 6 non-Council members. The Committee is Chaired by Mr John Murphy with an interim Chair of Prof Deirdre Murphy.

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 2024 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	Allowance 2024	Expenses 2024
S Crowe (President)	-	-
M Davoren (Vice President)	-	-
M O'Sullivan	**7,696**	718
T Bulfin	**7,696**	813
J Gleeson	**7,696**	-
P Harkin	-	-
S Corcoran	**7,696**	-
J O'Sullivan	**7,696**	-
M Culliton	-	-
M O'Riordan	**7,696**	276
N Nabi	-	-
I Drennan	-	-
J Long	**7,696**	-
D Murphy	-	-
R O'Connell	**7,696**	-
R Quirke	**7,696**	773
E Roche	-	-
L U Rehman	**7,696**	358
J Murray	**7,696**	684
O Muldoon	-	-
M Crowe	**7,696**	-
J McMenamin	**5,772**	-
	98,124	**3,622**

There were nine members for the period January to December 2024 who did not receive a Council allowance in 2024 under the "One Person One Salary" (OPOS), principle" as listed above.

Governance Statement and Council Members' Report
(continued)

Committee Member	Committee /Working Group Membership	Allowance 2024	Expenses 2024
J Barragry	Education & Training Committee, Accreditation	**8,900**	
V Beatty	Fitness to Practice Committee	**5,800**	-
V Blomfield	Health Committee	**5,100**	-
A Bradbury	Fitness to Practice Committee	**2,000**	-
K Bulbulia	Registration Continuing to Practice Committee, Registration Adjudication Panel, ETA	**9,000**	337
J Casey	Fitness to Practice Committee	**12,600**	-
A Clarke	Registration Continuing to Practice Committee	**5,800**	1,500
T Clarke	MC, Registration Adjudication Panel	**6,300**	-
L Conroy	Fitness to Practice Committee FTPC	**5,000**	-
L Costello	Education & Training Assessor	**1,800**	
M Culliton	Performance Assessment Committee	**1,500**	
M Davin-Power	Registration Review Panel	**5,600**	-
A Dawood	Fitness to Practice Committee	**2,000**	-
A Deane	Fitness to Practice Committee	**6,500**	
C Devins	Fitness to Practice Committee	**5,500**	925
L Doyle	Fitness to Practice Committee	**2,000**	-
G Feeney	Education & Training Committee, Accreditation	**5,500**	596
M Fogarty	Education & Training Committee	**900**	-
D Forde	Performance Assessment Committee	**1,500**	-
A Gilliland	Education & Training Assessor, RP	**4,800**	60
AM Harney	Performance Assessment Committee	**1,500**	-
M Houston	Registration Continuing Practice Committee, Health Committee, Preliminary Proceedings Committee	**2,100**	-
P Holland	Health Committee	**500**	-
J Horan	Performance Assessment Committee	**500**	
J Jenkins	Education & Training Committee, Education & Training Assessor	**9,900**	1,462
A Jeffers	Performance Assessment Committee	**1,000**	
M Lyons	Preliminary Proceedings Committee	**2,500**	
S Kealy	Preliminary Proceedings Committee	**2,700**	-
F Keeling	Registration Adjudication Panel	**5,700**	-
W Kennedy	Performance Assessment Committee	**500**	-
P Kelly	Registration Adjudication	**5,100**	-
H Khalil	Education & Training Assessor	**7,250**	306
G Knowles	Education & Training Committee	**15,300**	1,532
M Khan	Fitness to Practice Committee	**-**	411

Governance Statement and Council Members' Report
(continued)

Committee Member	Committee /Working Group Membership	Allowance 2024	Expenses 2024
G Kirwan	Health Committee	**5,100**	-
V Larkin	Fitness to Practice Committee	**4,000**	-
B Lewis	Education & Training Assessor	**11,500**	1,345
C Mackie	Performance Assessment Committee	**500**	-
V Marchant	Preliminary Proceedings Committee	**3,600**	-
C McCarthy	Performance Assessment Committee	**500**	
C Mc Crystal	Monitoring Committee, Fitness to Practice Committee	**7,800**	327
S McGovern	Fitness to Practice Committee	**500**	-
C McNicholas	Fitness to Practice Committee	**1,000**	-
J Moran	Regulatory Review Committee	**300**	-
D Mulcahy	Performance Assessment Committee	**1,500**	-
P Murphy	Registration Continuing Practice Committee	**1,200**	-
A Ni Riain	Monitoring Committee	**7,000**	-
D O'Connell	Health Committee	**2,400**	-
D O 'Donoghue	Fitness to Practice, Health Committee	**2,500**	-
S O'Malley	Performance Assessment Committee	**500**	
F O'Kelly	Preliminary Proceedings Committee	**900**	-
G Offiah	Education & Training Committee	**300**	-
P Plunkett	Fitness to Practice Committee	**7,500**	-
N Quann	Performance Assessment Committee	**3,000**	92
A Quinlan	Preliminary Proceedings Committee	**300**	
K Rashid	Preliminary Performance Committee	**4,200**	-
E Renehan	Fitness to Practice Committee	**2,500**	-
F Sharif	Registration Continuing Practice Committee, Performance Assessment Committee	**2,000**	-
A Sheehan	Preliminary Performance Committee, Monitoring Committee	**3,900**	-
A Sheridan	Registration Continuing Practice Committee	**3,900**	925
C Stuart	Fitness to Practice Committee, Health Committee	**3,300**	-
D Scully	Preliminary Proceedings Committee	**2,400**	-
P Treanor	Fitness to Practice Committee	**3,500**	-
W Jeffers	Performance Assessment Committee	**1,000**	
E Walsh	Performance Assessment Committee	**3,500**	-
		245,750	**9,818**

There were 43 Committee members for the period January to December 2024 who did not receive an allowance under the "One Person One Salary" (OPOS) rule. There was one member of the Audit and Risk Committee who opted not to receive an allowance for their committee work.

Governance Statement and Council Members' Report
(continued)

Key Personnel Changes

The Chief Executive Officer Mr Leo Kearns completed his term as Chief Executive Officer in September 2024, Ms Yvonne Clancy was appointed as the Interim Chief Executive Officer in October 2024 until November 2024 and Mr Ciaran Buggle was appointed as the Interim Chief Executive Officer in December 2024.

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 as at the 31/12/2024 are categorised in the following bands:

Range of total employee benefits	Number of Employees	
From - To	2024	2023
€60,000-€69,999	**19**	12
€70,000-€79,999	**6**	16
€80,000-€89,999	**16**	10
€90,000-€99,999	**11**	5
€100,000-€109,999	**2**	3
€110,000-€119,999	**2**	3
€120,000-€129,000	**5**	1
€130,000-€139,000	**0**	0
€140,000-€149,000	**0**	1

Consultancy Costs

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

	2024	2023
	€	€
Business Consultancy*	**701,758**	1,183,335
Communication fees	**-**	1,230
IT Consultancy fees	**60,254**	65,740
Legal Consultancy	**407,275**	633,270
	1,169,287	1,883,575

*The Interim CEO was paid on an invoice basis under business consultancy for October and November under a contract for service, totalling €49,077.

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.

	2024	2023
	€	€
Legal Expenses		
Legal and professional fees for Preliminary Proceedings	**946,132**	949,125
Part V (a) Inquiries	**3,687,851**	3,891,027
Part V(b) High Court & Supreme Court proceedings	**331,120**	660,086
	4,965,102	5,500,238

Hospitality Expenditure

The Income and Expenditure Account included the following hospitality expenditure;

	2024	2023
	€	€
Staff Hospitality	**16,948**	12,179
Council Hospitality	**6,614**	4,643
Total	**23,562**	16,822

*Staff hospitality expenditure incurred in relation to Summer and Christmas and teambuilding events.
*Council Hospitality expenditures incurred in relation to Council teambuilding event and Christmas event.

Travel and Subsistence Expenditure	2024	2023
Travel and subsistence expenditure is categorised as follows	€	€
Staff – Domestic	**2,664**	4,787
Staff – International	**12,546**	20,012
Core Business	**44,860**	73,856
Total	**60,070**	98,655

Core business costs include 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 2024.

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

Dr. Suzanne Crowe
President
Dated: 25th June 2025

Mr. Ciaran Buggle
Interim Chief Executive Officer

Statement on 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 2024, and up to the date of approval of the financial statements except for one low internal control weakness outlined in the internal audit of controls carried out in December 2024 noted below.

Capacity to Handle Risk

The Medical Council has an Audit & Risk Committee (ARC) comprising of five Council members and two external members, with financial and audit expertise, one of whom is the Chairperson Mr. Ian Drennan. The ARC met five times in 2024.

The Council has 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.

An updated policy was approved by Council in January 2025. The policy is available for all employees on the Council's internal staff intranet. All staff 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 ARC 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:

Statement on Internal Control
(continued)

- 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,
- 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 2024 the Medical Council complied with those procedures. There were 7 instances where a derogation from the rules and guidelines were considered justifiable. This related to contracts for facilities management services (maintenance, cleaning, security), recruitment, HR consultancy expenditure, legal case management system, remote hearing platform, IT security business partner and CPD accreditation framework.

Using the Request for Quote (RFQ) procurement process, a one-year contract was put in place during 2024 for Planned Preventative Maintenance Services (PPM). The Medical Council completed a formal tendering process for Facilities Management Services in 2024 for which a new contact has been awarded, this contract is effective from 2025.

Recruitment services were managed in a non-compliant manner over 2024 due to resourcing issues. A new contract has been awarded following a formal tendering process in 2024. This contract is effective from 2025.

HR Consultancy Services was managed in a non-compliant manner over 2024 due to urgent resourcing issues. The new contract for recruitment services will be utilised for 2025 requirements.

There were four instances of Non-Competitive Compliant Contracts. These contracts related to the following services;

Legal Case Management System

A formal tendering process was carried out in 2019 awarding the contract for the provision of a Customised Case Management System for a maximum of five (5) years. This contract expired in July 2024. Given its central role in the operations of the Medical Council, its importance within the IT landscape, and the scale and cost associated with replacing such a heavily customised solution, the replacement of the functionality currently performed by the system needs significant consideration and will be a central focus of both the Data and Digital strategies being progressed in 2025. On foot of this assessment, a new contract was directly awarded, this was justifiable as a derogation under Article 32((2)(b)(ii) of Directive 2014/24/EU, on the grounds that “competition is absent for technical reasons”. The Medical Council awarded this contract for a two (2) year period to the value of €120,000.

Remote Hearing Platform

A formal tendering process was carried out in 2021 for the Provision of a Remote Hearing Platform. The contract expired in May 2024. Given the importance of continuing to work through the high-volume of fitness to practise cases, the risk posed to the Council by moving to a solution with less or different functionality without carrying out adequate market research to ensure the solution is legally robust, fit for our purposes, reliable and secure and the low uptake of interest in bidding for our business by the market, it was agreed that sufficient time to approach the procurement process was required. A new contract was thus awarded, justifiable as a derogation under Article 32((2)(b)(ii) of Directive 2014/24/EU, on the grounds that “competition is absent for technical reasons” for a further twelve (12) months to the approximate value of €150k. No non-compliant expenditure occurred.

ICT Security Partner

A formal tendering process was carried out in March 2021 for the provision of Cyber Security Services to a maximum of five (5) years. While the contact remains in ‘active’ status, the contract value of €144k, has been breached. A tender process will be prioritised in

Statement on Internal Control
(continued)

2025 to retain a security partner to continue delivery of these services into the future. This new agreement will ensure the coverage of all existing services and will provide scope to provide additional services as required over the duration of the contract.

CPD Accreditation Framework

A contract was awarded directly in 2020 to a provider as it was deemed, they were the only supplier in the market with the specific knowledge, experience and skillset to undertake the project at that point in time. Four phases of the project were completed over the duration of the contract. The final phase of this project was outstanding. The initial contract agreed in 2020 expired and a new contract to the value of €77,000 (ex VAT) was required to complete the project. Given the providers combination of previous experience, technical expertise and knowledge of the project, underpinned by the value for model, it was agreed that the existing provider is the only provider capable to bring this project to its conclusion successfully and on-time. A new contract was awarded, justifiable as a derogation under Article 32((2)(b)(ii) of Directive 2014/24/EU, on the grounds that "competition is absent for technical reasons".

The total value of expenditure incurred for these contracts in 2024 was €1,333,500 consisting of the following expenditure;

- Facilities Management Services (Maintenance €43,000, Cleaning €42,000, Security €35,000)
- Recruitment Agency fees €625,000
- HR Consultancy Services €268,000
- Legal Case Management System €19,500
- Remote Hearing Platform €0
- ICT Security Partner €226,000
- CPD Accreditation Framework €75,000

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 & 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 April 2025.

Internal Control Issues

Procedural control weaknesses were identified in relation to the engagement (initial appointment and subsequent extensions) of consultancy services from Ms Yvonne Clancy through her company Empowering Leadership Ltd (the Consultant).

In 2022, the Consultant was engaged for a period of six months under a sole source justification. Initially, the Consultant was engaged to provide HR Consultancy Services to address the urgent operational needs of the Medical Council during a critical period. Additionally, the Consultant supported an organisational design project initiated in 2022 to re-align the structure and shape of the organisation. Due to urgent and evolving business needs, the engagement was extended beyond the initial six-month period into 2023 and 2024. A formal tendering process, or other appropriate procurement process, was not utilized in accordance with procurement legislation and the established procurement policies and procedures of the Medical Council. The non-compliant extension of the Consultant's services resulted from a series of unforeseen circumstances ongoing organisational changes, and urgent resource needs.

Statement on Internal Control
(continued)

In 2024, following an internal recruitment competition for the position of Interim Chief Executive Officer, the Consultant was selected as the preferred candidate for the position of Interim CEO, which she occupied from 20 September to 6 December 2024. The Consultant was paid on an invoice basis for all services rendered and charged under business consultancy under a contract for service. The payment included VAT at 23%. The Consultant ceased working with the Council at the end of 2024.

The Medical Council is committed to ensuring full compliance with all public procurement requirements in accordance with best practices. It operates on a basis of continuous improvement, learning from our experiences to enhance our processes and procedures. Following the identification of this control weakness, the Medical Council has revised its procurement policies to ensure alignment with public procurement requirements. Additional controls have been included within the Procurement policy and implemented to ensure compliance with existing procedures. Furthermore, relevant training has and will continue to be provided to address these matters.

Separately, a low rated weakness in relation to Banking Controls was identified. The weaknesses related to timely updating of the Council's bank mandate and credit card reconciliation. Three recommendations not fully implemented from previous internal control recommendations were also noted in relation to Policies and Procedures, Governance and ICT and Business Continuity Controls, all rated low findings.

It was identified that a review of various documented policies and procedures were still ongoing at the time the audit. In relation to Governance, it was noted that the Code of Conduct had been revised and issued to employees but not yet published on the website. It was also noted that updating of the Council's Governance Framework and external Council review is incorporated in the 2025 business plan.

Minor weaknesses in internal controls were identified in relation to the Council's ICT and Business Continuity controls. These weaknesses related to outdated policies and procedures, and gaps within the business continuity disaster policy in relation to recovery response timeframes and a requirement for testing. A review of the existing business continuity policy is scheduled for review in 2025. Following approval and implementation of the policy regular business continuity and disaster recovery testing will be performed. Any issues or any corrective actions required will be reported internally and to Council as appropriate.

Signed on behalf of the Medical Council

Dr. Suzanne Crowe
President

Dated: 25th June 2025

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 2024 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 2024 and of its income and expenditure for 2024 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.

Non-compliant procurement

The statement on internal control discloses that in 2024 the Medical Council incurred significant expenditure where the procedures followed did not comply with public procurement guidelines.

Seamus McCarthy.

Seamus McCarthy
Comptroller and Auditor General

27 June 2025

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 2024

	Notes	2024 €	2023 €
Income			
Retention fees	2	**14,839,062**	13,894,640
Registration fees	2	**5,686,131**	4,228,300
Miscellaneous income	2	**872,915**	396,536
Total income		**21,398,108**	18,519,476
Expenditure			
Wages and salaries	3	**10,161,053**	8,912,600
Retirement benefit costs	3	**1,944,787**	1,316,860
Council and meeting expenses		**410,004**	456,964
Staff recruitment, training and education		**354,073**	701,074
Rent and rates		**1,006,168**	1,168,433
General administration	4	**1,735,370**	1,607,312
Legal expenses		**4,965,102**	5,500,238
Consultancy and other professional fees		**1,169,287**	1,883,575
Finance charges		**272,270**	231,172
Audit fees		**33,200**	26,400
Advertising & media monitoring		**70,652**	46,584
Loss / (Gain) on asset disposals		**(76)**	35,635
Depreciation	6	**705,664**	511,321
Total Expenditure		**(22,827,554)**	(22,398,168)
Operating (Deficit)/Surplus		**(1,429,446)**	(3,878,692)
Fair value movement in financial assets	7	**3,017,920**	2,700,496
Interest payable/receivable			
Investment income		**96,454**	55,094
(Deficit)/Surplus for the year	11	**1,684,928**	(1,123,102)
Transfer from / (to) pension reserve	11	**716,000**	636,000
Balance Brought Forward at 1st January		**38,625,216**	39,112,318
Balance Carried Forward at 31st December		**41,026,144**	38,625,216

The Statement of Cash Flows and Notes on pages 79 - 94 form part of the financial statements.

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

Dr. Suzanne Crowe
President

Mr. Ciaran Buggle
Interim Chief Executive Officer

Dated: 25th June 2025

Statement of Comprehensive Income
for the year ended 31st December 2024

	Notes	2024 €	2023 €
(Deficit)/Surplus for the year		**1,684,928**	(1,123,102)
Experience (loss) / gain on retirement benefit obligations		**(530,000)**	(179,000)
(Loss)/Gain due to change in assumptions underlying the present value of retirement benefit obligation	**10(b)**	**2,936,000**	(1,427,000)
Change in demographic assumptions	**10(b)**	**290,000**	-
Adjustment to deferred retirement benefit funding	**10(b)**	**890,000**	332,000
Total comprehensive income for the year		**4,980,928**	**(2,397,102)**

The Statement of Cash Flows and Notes on pages 79 - 94 form part of the financial statements.

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

Dr. Suzanne Crowe
President

Mr. Ciaran Buggle
Interim Chief Executive Officer

Dated: 25th June 2025

Statement of Financial Position
as at 31st December 2024

	Notes	2024 €	2023 €
Non-Current Assets			
Property, plant and equipment	6	**4,062,855**	4,476,913
Financial assets	7	**41,444,910**	39,414,668
		45,507,765	43,891,581
Current Assets			
Receivables	8	**1,268,239**	1,161,027
Cash and cash equivalents		**6,057,840**	4,428,978
		7,326,080	5,590,005
Current Liabilities (amounts falling due within one year)			
Payables	9	**(11,787,902)**	(10,836,571)
Net Current Assets		**(4,461,822)**	(5,246,566)
Total Assets less Current Liabilities (before retirement benefits)		**41,045,943**	38,645,015
Deferred funding asset for pensions	10(b)	**3,789,000**	3,662,000
Retirement benefit obligations	10(b)	**(22,647,000)**	(23,610,000)
Net Assets		**22,187,943**	18,697,015
Representing			
Retained revenue reserves	11	**41,045,943**	38,645,015
Retirement benefit reserve	11	**(18,858,000)**	(19,948,000)
Total		**22,187,943**	18,697,015

The Statement of Cash Flows and Notes on pages 79 - 94 form part of the financial statements.

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

Dr. Suzanne Crowe
President

Mr. Ciaran Buggle
Interim Chief Executive Officer

Dated: 25th June 2025

Statement of Cash Flows
for the year ended 31st December 2024

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

Net Cash Flows from Operating Activities	**2024**	2023
	€	€
Excess income over expenditure	**1,684,928**	(1,123,102)
Net deferred funding for pensions	**(1,017,000)**	(805,000)
Depreciation and impairment of PPE	**705,664**	511,321
Loss on disposals of assets	**(76)**	35,635
Decrease / (increase) in receivables	**(89,495)**	2,257,395
Interest received	**-**	-
Increase / (decrease) in payables	**933,614**	(68,696)
Increase / (decrease) in retirement benefits charge	**1,733,000**	1,441,000
Receipts from investment portfolio	**(96,454)**	(55,094)
Payments of portfolio management fee	**84,134**	84,132
Fair value movement in financial assets	**(3,017,920)**	(2,700,496)
Net Cash Inflow from Operating Activities	**920,393**	(422,905)
Cash Flows from Investing Activities		
Interest received	**-**	-
Interest expense	**-**	-
Payments to acquire property, plant & equipment	**(292,248)**	(3,562,039)
Investment drawdown	**1,000,000**	3,000,000
Proceeds for asset disposal	**718**	354
Net Cash Flows from Investing Activities	**708,470**	(561,685)
Net increase/decrease in cash and cash equivalents	**1,628,863**	(984,590)
Cash & cash equivalents @ 1st January	**4,428,978**	5,413,568
Cash & cash equivalents @ 31st December	**6,057,841**	4,428,978

Notes to the Financial Statements
for the year ended 31st December 2024

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 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	Residual Depreciation over the remaining life of the lease
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 2024 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 however this was deferred to 2026 due to resourcing issues. 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. 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 NDP Delivery 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.

k) Receivables

Trade receivables are recorded at fee level determined by Council in accordance with Section 36 of the Medical Practitioners 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 assets 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 Director 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.

2. Income

Income items are made up as follows:

	2024	2023
	€	€
Retention fees	**14,839,062**	13,894,640
Annual retention fee payable by Doctors to retain their Registration on the Medical Register		
Registration fees		
Internship	**331,828**	279,250
General registration	**5,107,963**	3,720,210
Restoration to General Register of Medical Practitioners	**86,950**	80,670
Specialist registration fees	**159,390**	148,170
	5,686,131	4,228,300
Miscellaneous income		
Service fees	**44,520**	22,960
Accreditation fees	**-**	-
Examinations	**86,405**	77,535
Certificate of good standing	**222,700**	214,422
Late payment fee	**(50)**	(50)
Legal costs recovered	**-**	100
Other	**94,699**	81,569
HSE Funding	**424,641**	-
	872,915	396,536

3. Employees and Remuneration

The staff costs are comprised of:

	2024	2023
	€	€
Wages and salaries	**9,264,718**	8,193,827
Social welfare costs	**896,336**	718,773
	10,161,053	8,912,600
Retirement benefit costs (Note 10a)	**1,944,787**	1,316,860
	12,105,840	10,229,460

Included within Wages and Salaries expenditure is €120,570 reimbursement salary costs to Children's Health Ireland for the current President's salary.

	2024	2023
	€	€
3.1 Pension-related deductions	**191,984**	136,176
Amounts due to the Department of Health at year-end	**16,952**	12,781

3.2 No Bonus payments were made to staff during 2024 or 2023.

3.3 Aggregate Employee Salary costs

	Salary Costs	Termination benefits	Post-employment benefits	Other
Aggregate employee salary	8,659,988	-	-	-
Key management personnel	700,730	-	-	-

	2024	2023
Chief Executive Officer (1 January- 19 September)	107,234	145,532
Interim Chief Executive Officer* (20 September – 6 December)	49,077	
Interim Chief Executive Officer (7 December – 31 December)	12,065	-

*The interim CEO during this period was paid on an invoice basis and charged under business consultancy under a contract for service. The payment included VAT at 23%. The total amount paid to the company in 2024 was €268,000 (including VAT).

3.3 Aggregate Employee Salary costs (continued)

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 2024 was 132 and during the year 2023 was 117.

4. General Adminsitration

	2024	2023
	€	€
Insurance	**113,955**	120,399
Light and heat	**76,808**	94,972
Repairs and maintenance	**118,953**	65,981
Printing, postage and stationery	**31,245**	38,757
File administration and storage	**36,286**	40,723
Telephone and broadband charges	**34,402**	56,350
Computer costs	**1,005,564**	804,097
Caretaking and cleaning	**60,642**	54,263
Security	**34,963**	25,577
Accreditations	**116,613**	89,416
Research	**14,231**	62,426
General expenses	**53,553**	137,905
Internal Audit	**38,154**	16,446
	1,735,369	1,607,312

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

	Buildings & Leasehold Improvements	Office Equipment	Fixtures & Fittings	Computer Equipment	Total
	€	€	€	€	€
Cost					
As at 1st January 2024	5,249,473	25,014	1,253,631	2,210,450	8,738,568
Additions	72,674	-	673	218,901	292,248
Disposal	-	(261)	(400)	(730)	(1,391)
At 31st December 2024	5,322,147	24,753	1,253,904	2,428,621	9,029,425
Accumulated Depreciation					
As at 1st January 2024	1,227,683	20,940	1,152,885	1,860,147	4,261,655
Charge for the year	449,682	1,590	20,542	233,850	705,664
Disposals	-	(153)	(400)	(196)	(750)
At 31st December 2024	1,677,365	22,377	1,173,027	2,093,800	4,966,569
Net book value					
At 31st December 2024	3,644,782	2,376	80,877	334,821	4,062,856
At 31st December 2023	4,021,790	4,074	100,746	350,303	4,476,913

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 €2,668 following valuation in 2019. The artwork valuation was provided by Adam's Fine Art and Auctioneers.

6.1 Property, Plant & Equipment

	Buildings & Leasehold Improvements	Office Equipment	Fixtures & Fittings	Computer Equipment	Total
	€	€	€	€	€
Cost					
As at 1st January 2023	1,982,896	25,014	1,231,814	1,999,674	5,239,398
Additions	3,313,291	-	37,364	211,384	3,562,039
Work in Progress				0	0
Disposal	(46,714)	-	(15,547)	(608)	(62,869)
At 31st December 2023	5,249,473	25,014	1,253,631	2,210,450	8,738,568
Accumulated Depreciation					
As at 1st January 2023	1,024,992	19,342	1,155,518	1,577,362	3,777,214
Charge for the year	217,175	1,598	9,442	283,106	511,321
Disposals	(14,484)	-	(12,075)	(321)	(26,880)
At 31st December 2023	1,227,683	20,940	1,152,885	1,860,147	4,261,655
Net book value					
At 31st December 2023	4,021,790	4,074	100,746	350,303	4,476,913
At 31st December 2022	957,904	5,672	76,296	422,312	1,462,184

7. Financial Assets

	2024	2023
Fair Value	**€**	€
At 1st January	**39,414,668**	39,743,210
Investment Drawdown	**(1,000,000)**	(3,000,000)
Fair value movement in financial assets	**3,017,920**	2,700,496
Investment income	**96,454**	55,094
Management fee	**(84,132)**	(84,132)
Interest income/(expenditure)	**-**	-
Funds To/(From) Portfolio	**-**	-
At 31st December	**41,444,910**	39,414,668

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.

8. Receivables

	2024	2023
	€	€
Prepayments	**1,082,819**	972,909
Trade receivables	**427,305**	482,984
Sundry receivables	**34,526**	(739)
Bequest to charity/ Other payables	**(276,410)**	(294,127)
	1,268,240	1,261,027

Included in prepayments is an amount of €322,800 (2023: €363,150) 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

	2024	2023
Amounts falling due within one year	**€**	€
Trade payables and accruals	**2,915,449**	1,835,489
Taxation	**303,639**	280,159
Deferred income - retention fees	**7,701,698**	7,148,923
Deferred income - HSE Funding	**69,116**	200,000
Provision for legal costs	**798,000**	1,372,000
	11,787,902	10,936,571
Movement in legal provision:		
Legal provision as at 1st January	**1,372,000**	975,000
Utilised in year	**(649,000)**	(261,000)
Provided for in year	**75,000**	658,000
	798,000	1,372,000

The Deferred income figure of €7.7m reflects retention fee income received in 2024 which pertains to a portion of 2025, this figure was €7.1m in 2023.

10. Retirement Benefit Costs

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

	2024	2023
	€	€
Medical Council defined benefit scheme		
Current service costs	**550,000**	442,000
Interest Pension Costs	**622,000**	642,000
Employee contributions	**(122,141)**	(404,273)
	1,049,859	679,727
Single public sector scheme		
Current Service Cost	**902,000**	714,000
Interest Pension Costs	**115,000**	91,000
Deferred retirement benefit funding	**(1,017,000)**	(805,000)
Employer Contribution	**894,928**	637,133
	894,928	637,133

As detailed in the accounting 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 **€1,944,787**

The Minister for Public Expenditure NDP Delivery 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 €894,928 represents the Medical Councils employer contributions to the Single Public Service Pensions scheme for the period 1st January 2024 to 31st December 2024.This liability has been remitted to the Department of Public Expenditure NDP Delivery and Reform.

In addition, employee contributions by SPSPS members amounted to €298,309 in 2024 and were remitted to the Department of Public Expenditure NDP Delivery and Reform.

b. Movement in net retirement benefit obligations

	2024	2023
	€	€
Net retirement benefit obligations at 1st January	**23,610,00**	20,563,000
Current service cost	**1,452,000**	1,156,000
Interest Costs	**737,000**	733,000
Actuarial loss/(gain)	**(2,696,000)**	1,606,000
Retirement benefits paid in the year	**(456,000)**	(448,000)
Medical Council defined benefit scheme Total	**22,647,000**	23,610,000
Medical Council defined benefit scheme	**18,858,000**	19,948,000
Single Public Sector Pension Scheme	**3,789,000**	3,662,000
Net retirement benefit obligations at 31st December	**22,647,000**	23,610,000

Single Public Sector Pension Scheme Deferred Funding
The deferred funding asset of the Single Public Pension Scheme increased by €127,000 from 2023 to 2024, €127,0000 of the deferred funding asset is included within retirement benefit costs in the Statement of Income and Expenditure and Retained Reserves, the remaining €890,000 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

	2024	2023	2022	2021	2020	2019
	€'000	€'000	€'000	€'000	€'000	€'000
Defined benefit obligations	**22,647**	**23,610**	20,563	29,497	28,437	24,031
Experience losses / (gains) on defined benefit scheme obligations	**1,806**	**1,274**	8,765	800	2,827	1,796
Percentage of scheme liabilities	**-7.9%**	**-5.4%**	-42.6%	-2.7%	-9.9%	-7.5%

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 2024. 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).

	2024	2023
Rate of increase in salaries	**3.10%**	3.35%
Rate of increase in retirement benefits in payment	**2.60%**	2.85%
Discount rate	**3.50%**	3.15%
Inflation rate	**2.10%**	2.35%

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

	2024	**2044**
Male aged 65	**21.7 years**	23.0 years
Female aged 65	**24.1 years**	25.5 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 2024.

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 2024	**(19,948,000)**	**38,645,015**	**18,697,015**
Surplus for the year	**-**	**1,684,928**	**1,684,928**
Actuarial Gain for the year	**1,806,000**	**-**	**1,806,000**
Transfer to retirement benefits reserve	**(716,000)**	**716,000**	**-**
At 31st December 2024	**(18,858,000)**	**41,045,943**	**22,187,943**

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 €716,000 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 €1,172,000 and the benefits paid out in the year of €456,000.

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 2024 the Medical Council had the following future minimum lease payments under non-cancellable operating leases for each of the following periods:

	2024	2023
Payable within one year	**827,500**	827,500
Payable within two to five years	**2,482,500**	2,482,500
Payable after five years	**2,482,500**	3,310,000
	5,792,500	6,620,000

Operating lease payments recognised as an expense were €827,500 (2023: €827,500).

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 has provided for any liability arising thereon. Council's costs in relation to defending the proceedings have been provided for in note 9.

14. Approval Of Financial Statements

The financial statements were approved by the Council on 25th June 2025.

Appendices

Appendix A

Council Meetings, January 1st – December 31st 2024

Attendance

Council Meetings 2024	Total Number of Meetings
Council Meetings – Governance	4
Council Meetings – Regulatory	9
Extraordinary Council Meetings (including Circulation of Papers)	27
Total	**40**

Council Member	Governance Meetings	Regulatory Meetings	Extraordinary Meetings	Total
Dr Suzanne Crowe (President)	4	8	19	**31**
Teresa Bulfin	4	8	18	**30**
Sinead Corcoran	3	3	11	**17**
Dr Morgan Crowe	4	9	21	**34**
Marie Culliton	4	8	16	**28**
Dr Mary Davoran (Vice-President)	4	5	6	**15**
Ian Drennan	3	2	14	**19**
John Gleeson	3	5	19	**27**
Paul Harkin	4	8	22	**34**
Jill Long	3	6	17	**26**
Prof Joe McMenamin[1]	3	2	8	**13**
Prof Deirdre Murphy	4	6	19	**29**
John Murray	3	6	9	**18**
Mr Nauman Nabi	3	4	3	**10**
Prof Ronan O'Connell	3	5	16	**24**
Dr Margaret O'Riordan	4	9	14	**27**
Jim O'Sullivan	4	6	12	**20**
Prof Mary O'Sullivan	4	5	16	**25**
Ronan Quirke	4	5	19	**28**
Prof Edna Roche	4	5	8	**17**
Dr Liqa Ur Rehman	4	2	5	**11**
Prof Orla Muldoon[2]	2	4	4	**10**
Mr Richard Greene[3]	1	0	1	**2**

1 Resigned 01 June 2024
2 Appointed 25 January 2024
3 Appointed 06 August 2024

Committees

Audit, Finance and Risk Committee

5 meetings held in 2024

The Audit & 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.

Committee Member	No of meetings Attended
Ian Drennan (Chair)	**5**
Jim O'Sullivan	**5**
Prof Ronan O'Connell	**2**
Prof Edna Roche	**4**
Ginny Hanrahan	**3**
Dr Donal O'Connor	**3**

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

6 meetings held in 2024

The Council established an Education and Training Committee (ETC) to support the Council in quality assuring medical education and training in Ireland so that patients can be assured that doctors are adequately prepared to provide good quality care to patients. This is in keeping with section 20(3) of the Act which provides for the establishment of an Education and Training Committee of the Council.

New changes to the Terms of Reference for ETC resulted in the committee changing from nine members to 12 members. These changes were made in line with Medical Council policy and the development of a set of key knowledge, skills, and experience from its members.

The Committee is chaired by Professor Edna Roche.

Committee Member	No of meetings attended
Prof Edna Roche (Chair)	**5**
Prof Mary O'Sullivan (Co-Chair)	**6**
Prof. Michael Kevin Barry[2]	**3**
Prof Dara Byrne	**5**
Dr Mary Davoren	**4**
Dr Lenin Patrick Ekpotu[2]	**2**
Marita Fogarty[2]	**3**
Dr Sarah Hyde[2]	**2**
Dr Sinead Murphy	**3**
Dr Liqa Ur Rehman	**3**
Dr Daniel Creegan[1]	**3**
Dr Gozie Offiah[1]	**1**
Graham Knowles	**6**

1 Completed term with ETC June 2024
2 Joined the Committee July 2024

Registration and Continuing Practice Committee

7 meetings held in 2024

The Registration and Continuing Practice Committee (RCPC) was established to ensure the effective establishment and maintenance of the register of medical practitioners and the ongoing maintenance of professional competence of registered doctors. The Committee carries out it functions through the development of policies and procedures: monitoring of performance: acting as final decision maker in respect of non-standard applications for registration and has oversight and enforcement of registrants' duty to maintain professional competence.

The RCPC had nine members following the change-over in 2023 and this was down from the usual 10. Dr Nauman Nabi joined the committee as the second Council member as required under the RCPC TOR in September 2024.

Committee Member	No of meetings attended
Teresa Bulfin	**7**
Dr Anna Clarke	**6**
Dr Sinead O'Gorman	**6**
Dr John Jenkins	**6**
Dr Eslam Ramadan	**4**
Dr David Honan	**6**
Patrick Murphy	**3**
Ann Sheehan	**5**
Avril Sheridan	**7**
Mr Nauman Nabi	**1**

Registration Adjudication Panel

11 meetings held in 2024

The Registration Adjudication Panel (RAP) was established to consider non-standard applications for registration. The Panel makes decisions with respect to applications where a disciplinary, legal or health issue is disclosed and applications for specialist registration for which a negative recommendation is received from an assessment by a postgraduate training body. The Panel has the authority to grant registration or refuse registration subject to an appeal.

The Panel meets regularly throughout the year and there were 11 meetings in 2023.

Committee Member	No of meetings attended
John Murray (Chair)[1]	**7**
Katharine Bulbulia	**11**
Prof Tom Clarke	**10**
Dr Frank Keeling	**10**
Dr Helen Hynes	**9**
Dr Peter Kelly	**10**
Dr Joseph O'Connor	**11**
Prof Deirdre Murphy[2]	**2**

1 Mr John Murray - unable to attend from September onwards

2 Prof Deirdre Murphy joined as member in October 2024. Nominated as Chair for all meetings since then.

Health Committee

7 meetings held in 2024

The Health Committee's primary role is to monitor and support medical practitioners maintain their registration during illness and/or disability.

Committee Member	No of meetings attended
Jill Long (Chair)	**7**
Gloria Kirwin	**6**
Dr Grainne McNally	**6**
Vicky Blomfield	**5**
Dr Suzanne Crowe	**4**
Dr Mary Davoren	**4**
Cornelia Stuart	**4**
Dr David O'Connell[1]	**2**
Dr John Casey	**5**

1 Resigned from Health Committee May 2024

Preliminary Proceedings Committee

11 meetings held in 2024

The Preliminary Proceedings Committee (PPC) is established under Section 20(2) of the Medical Practitioners Act 2007 to consider initial complaints. The committee is chaired by Mr John Gleeson. The PPC had 11 meetings over 20 days in 2024.

Committee Member	No of days attended
John Gleeson (Chair)	**17**
Teresa Bulfin	**13**
Thomas Crotty	**8**
Mary Davoren	**11**
Margaret O Riordan	**10**
Stephen Kealy	**9**
John Murray	**4**
Aoife Mullally	**6**
Edna Roche	**5**
Geraldine McCarthy	**7**
Mairie Cregan	**7**
Siobhan Gormally	**6**
Muiris Houston	**6**
Bill Maher*	**1**
Sinead O Gorman	**9**
Daniel Creegan	**8**
Nauman Nabi	**4**
Ronan O Connell	**7**
Khalid Rasheed	**7**
Sinead Corcoran	**6**
Diarmuid Scully	**9**
Vicki Marchant	**7**
Maria Morgan	**4**
Mairead Butler	**4**
Ann Sheehan	**4**

* Left PPC March 2024

Monitoring Committee

6 meetings held in 2024

The purpose of the Monitoring Committee is to monitor 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 maintains a bank of conditions to assist the Fitness to Practise Committee and Medical Council when attaching conditions to a registered medical practitioner's registration to ensure that conditions can both be met by the practitioner and the Committee can confirm compliance. There were six Committee meetings held in 2024.

Committee Member	No of meetings attended
Dr Margaret O'Riordan (Chair)	6
Dr Conor McCrystal	6
Professor Tom Clarke	4
Dr Joseph Hennessy	5
Avril Sheridan	5
Caroline Murphy	5

Fitness to Practise Committee

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

Committee Member	Attendance for FTP Inquiries/Callovers; Meetings and Training
Paul Harkin (Chair)	28
Ian Drennan	0
Jill Long	5
Jim O'Sullivan	1
Prof Mary O'Sullivan	9
Ronan A Quirke	14
Marie Culliton	4
Prof Joe McMenamin	4
Valerie Beatty	10
Mary Caroline Devins	14
Stephen McGovern	1
Veronica Larkin	8
Anne Pardy	3
Eugene Renehan	6
Pauline Treanor	7
Dr Liam G. Conroy	8
Prof Gautam Gulati	1
Prof Patrick K Plunkett	14
Prof Diarmuid O'Donoghue	7
Dr Claire Mc Nicholas	3
Audry Deane	12
Ada Bradbury	3
Prof Deirdre Murphy	10
Dr Conor McCrystal	12
Dr Mohammad Ashraf Butt	2
Dr Tom Clarke	1
Dr Mary Davin-Power	10
Dr Ashraf Dawood	5
Dr Muhammad EA Khan	1
Leonora Doyle	4
Dr Liqa ur Rehman	0
Dr Morgan Crowe	3

Appendix B

Registration Statistics

Doctors Joining the Register

The Registration team manage all doctors joining the Register. This includes all doctors registering for the first time and those who had previously left or were removed and wanted to re-join. In 2024, 5,448 doctors were approved on the Register. The majority of these were first time applicants (n = 4,859, 89.2%), and the remainder were doctors being restored onto the Register (n = 589, 10.8%). At the end of the year, 97.4% (5,304) remained on the Register.

Table 1. Doctors Joining the Register in 2024

	No that Joined in Calendar Year	No that Joined and Remained on Register in Calendar Year	% Joining and Remaining on Register in 2024
First Registrants	4,859	4,721	97.3
Restorals	589	583	99.0
Total	**5,448**	**5,304**	**97.4**

Annual Retention of Doctors

Almost all doctors on the Register of Medical Practitioners must undergo an annual process to maintain their place on the Register. In June 2024, 27,276 doctors were invited to retain their name on the Medical Register. Of these, 26,591 (97.5%) chose to retain their Registration. All of these doctors are asked if they are currently practising medicine and just under 95% indicated that they were (n = 25,122, 94.5%). All doctors reporting that they were practising medicine were asked if they practise within the Republic of Ireland or outside the Republic of Ireland. Of these, 20,962 (83.4%) were practising in the Republic of Ireland, all or some of the time, while 4,160 (16.6%) were practising outside the Republic of Ireland only.

Doctors Clinically Active in Ireland 2024

In total, 20,962 doctors were clinically active, and working in Ireland, all or some of the time in 2024. The average age of these doctors was 43.7 years (SD = 12.0) and there were slightly more males (n = 11,058, 52.8%) than females (n = 9,904, 47.2%). More details of gender and age can be observed in Table 2, Table 3 and Figure 1 below.

Table 2. Gender breakdown of Clinically Active Doctors in Ireland 2024

Gender	N	%
Male	11,058	52.8
Female	9,904	47.2
Total	**20,962**	**100**

Table 3. Age Category Breakdown of Clinically Active Doctors in Ireland in 2024

Age Categories	N	%
34 and younger	5,833	27.8
35 to 44	6,446	30.8
45 to 54	4,358	20.8
55 to 64	2,988	14.3
65 and older	1,337	6.4
Total	**20,962**	**100**

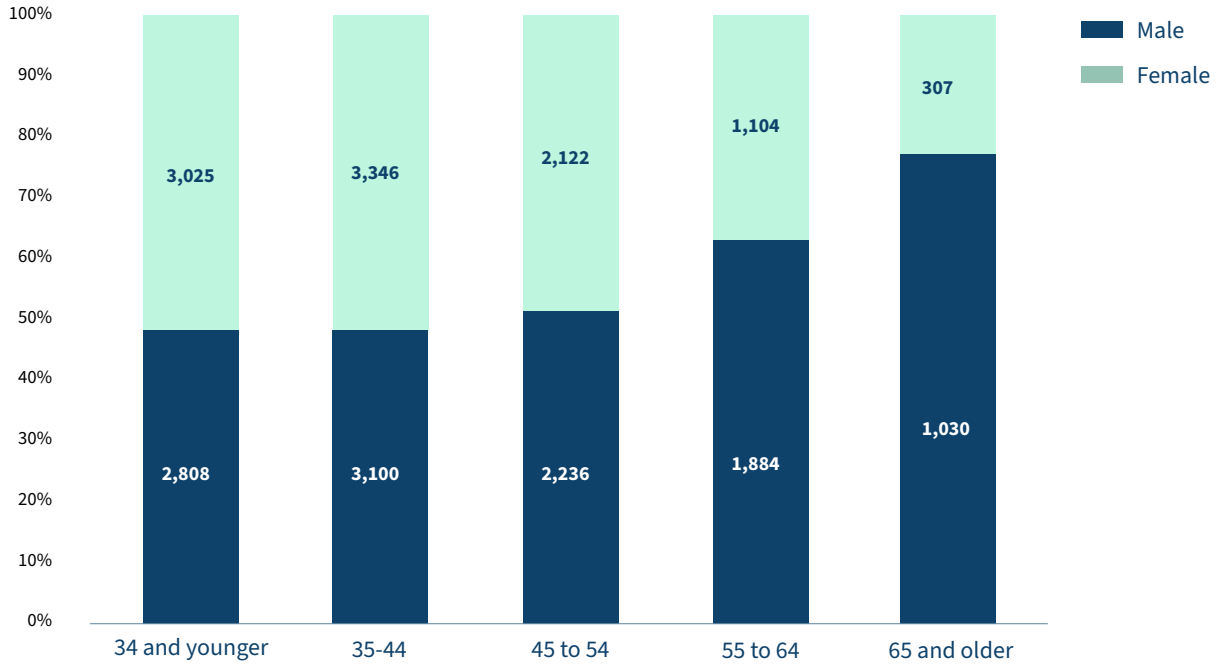


Figure 1. Age by Gender Breakdown of Clinically Active Doctors in Ireland 2024

Over half of doctors clinically active and working in Ireland were on the specialist division of the Register (n = 10,539, 50.3%) and a further 30.8% (n = 6,453) were on the general division. A full breakdown of division can be observed in Table 4 below.

Table 4. Division of the Register of Clinically Active Doctors in Ireland 2024

	No of doctors	%
Trainee Specialist	3,825	18.2
Supervised	145	0.7
General	6,453	30.8
Specialist	10,539	50.3
Total	**20,962**	**100**

* Interns do not undergo retention, they join as a first-time applicant, must apply to transfer divisions if they want to continue working in Ireland when they complete their internship and therefore are not captured in retention process.

The majority of doctors had obtained their qualification in Ireland (n = 12,230, 58.3%), while 13.8% obtained their qualification in the EU or UK and a further 27.8% obtained their qualification outside of Ireland, the EU or UK (See Table 5).

Table 5. Qualification Category of Clinically Active Doctors in Ireland 2024

	No of doctors	%
Irish	12,230	58.3
EU or UK	2,902	13.8
International (Outside Ireland, the EU and UK)	5,830	27.8
Total	**20,962**	**100**

Further details on doctors clinically active and working in Ireland will be published in the Workforce Intelligence Report 2024, and all previous editions can be found on our website.

Clinically Active Abroad in 2024

In total, in 2024, 1,468 doctors retained their registration, but were not practising medicine (either within or outside Ireland). Furthermore, in 2024 there were 4,160 clinically active doctors registered with the Medical Council, working outside of Ireland only. More details on these cohorts will be published throughout the year within our Workforce Reports"

The top three countries that these doctors were practising in was the United Kingdom (n = 947, 22.8%), Pakistan (n = 630, 15.1%) and Australia (n = 343, 8.2%).

Table 6. Gender breakdown of Clinically Active Doctors in Abroad 2024

Gender	No of doctors	%
Male	2,819	67.8
Female	1,341	32.2
Total	**4,160**	**100.0**

Table 7. Age Category Breakdown of Clinically Active Doctors Abroad in 2024

Age Categories	No of doctors	%
34 and younger	1,137	27.3
35 to 44	1,184	28.5
45 to 54	997	24.0
55 to 64	622	15.0
65 and older	220	5.3
Total	**4,160**	**100.0**

Table 8. Division of the Register of Clinically Active Doctors Abroad in 2024

	N	%
Trainee Specialist / Supervised	45	1.1
General	2,781	66.9
Specialist	1,334	32.1
Total	**4,160**	**100.0**

* Interns do not undergo retention, they join as a first-time applicant, must apply to transfer divisions if they want to continue working in Ireland when they complete their internship and therefore are not captured in retention process.

Table 9. Qualification Category of Clinically Active Doctors Abroad in 2024

	No of doctors	%
Irish	796	19.1
EU or UK	956	23.0
International (Outside Ireland, the EU and UK)	2,408	57.9
Total	**4,160**	**100.0**

Not Clinically Active in 2024

In total, in 2024 1,468 doctors retained their registration, but were not practising medicine. The majority of these doctors were female (n = 898, 61.2%), aged 34 and younger (n = 509, 34.7%), on the general division (n = 902, 61.4%) and had obtained their qualification in Ireland (n = 713, 48.6%). Full details can be observed in Tables 10-13.

Table 10. Gender breakdown of Doctors Renewing and Not Practising in 2024

Gender	No of doctors	%
Male	570	38.8
Female	898	61.2
Total	**1,468**	**100.0**

Table 11. Age Category Breakdown of Doctors Renewing and Not Practising in 2024

Age Categories	No of doctors	%
34 and younger	509	34.7
35 to 44	378	25.7
45 to 54	148	10.1
55 to 64	168	11.4
65 and older	265	18.1
Total	**1,468**	**100.0**

Table 12. Division of the Register of Doctors Renewing and Not Practising in 2024

	No of doctors	%
Trainee Specialist / Supervised	111	7.5
General	902	61.4
Specialist	455	31.0
Total	**1,468**	**100.0**

* Interns do not undergo retention, they join as a first time applicant, must apply to transfer divisions if they want to continue working in Ireland when they complete their internship and therefore are not captured in retention process.

Table 13. Qualification Category of Doctors Renewing and Not Practising in 2024

	No of doctors	%
Irish	713	48.6
EU or UK	203	13.8
International (Outside Ireland, the EU and UK)	552	37.6
Total	**1,468**	**100.0**

This retention data provides a comprehensive overview of the clinically active workforce in Ireland, however, certain cohorts are not captured.

- Doctors who have just completed their 'internship' year, are not required to complete the annual retention process but rather they apply to the Medical Council to transfer registration.
- Doctors who were registered for the first time or who restored registration after April 30th are not captured in the retention data as they are not required to renew their registration during this period. This includes all doctors commencing their internship.
- Doctors who hold Visiting EEA registration are similarly not required to apply to retain registration with the Medical Council as this is time limited.

Doctors Leaving the Register

In 2024, 1,632 doctors left the Medical Register. The majority of these doctors voluntarily withdrew their name from the Register (n = 1,025, 62.8%) and the remainder were removed from the Register for not fulfilling their registration requirements during the retention period (n = 607, 37.2%).

Appendix C

Complaints and Fitness to Practise Inquiry Statistics

In 2024 there were 364 complaints, relating to 388 doctors. One complaint can include more than one doctor and all the data below pertains to doctors involved in complaints in 2024. The origin of these complaints can be observed in Table 1 below.

Table 1. Origin of Complaints Received in 2024

Origin	
Member of the Public	286
Medical Council – media or otherwise, including Anonymous Complaints	29
Healthcare Professional	17
Healthcare Institution (private hospitals, nursing homes, etc)	8
HSE	7
Solicitor or Solicitors firm not actin on behalf of a member of the public (i.e. complaining about a failure to furnish a report etc)	5
Medical Council, having been notified by a body in another state	5
Anonymous	5
Patient Advocacy Group	1
Other Irish regulatory body (i.e. Nurses and Midwifery Board of Ireland, The Pharmaceutical Society of Ireland)	1
Total	**364**

Age by Gender Breakdown of Complaints received

Doctor Breakdown			
Doctor Age & Gender			
Age	**Female**	**Male**	**Grand Total**
20-35	10	17	27
36-45	36	60	96
46-55	59	60	119
56-64	27	67	94
65-69	5	19	24
70-83	3	25	28
Grand Total	**140**	**248**	**388**

Gender Breakdown of Complaints Received

	Female	Male	Grand Total
Number of doctors	140	248	388
%	36.1	63.9	100

Complaints by Category of Qualification

Category of Qualification by Division of Doctors involved in Complaints in 2024.							
Category	**General**	**Intern**	**Specialist**	**Supervised**	**Trainee Specialist**	**Grand Total**	**%**
Category 1 (Qualified in Ireland)	26	1	181	-	7	215	55.4
Category 2 (EU Citizen Qualified in EU/EEA)	11	-	47	-	-	58	14.9
Category 3 (Non-EU Citizen Qualified in EU/EEA)	8	-	7	-	-	15	3.9
Category 4 (Qualified outside EU/EEA)	51	-	43	2	1	97	25.0
Category 4 (Qualified in UK)	-	-	2	-	1	3	0.8
Grand Total	**96**	**1**	**280**	**2**	**9**	**388**	**100.0**

Category of Qualification by Gender Breakdown of Doctors involved in Complaints in 2024			
Category	**Female**	**Male**	**Grand Total**
Category 1 (Qualified in Ireland)	90	125	215
Category 2 (EU Citizen Qualified in EU/EEA)	21	37	58
Category 3 (Non-EU Citizen Qualified in EU/EEA)	1	14	15
Category 4 (Qualified outside EU/EEA)	27	70	97
Category 4 (Qualified in UK)	1	2	3
Grand Total	**140**	**248**	**388**

Types of Complaint

A complaint may fall into various main categories including Professional Conduct, Responsibilities to Patients, Professional Practice, Relevant Medical Disability, Treatment and Medical Records & Confidentiality. Notably a complaint may also be classed as various subtypes within each category. A count of all complaint types for 2024 are observed in the tables below.

Professional Conduct	2024
Dishonesty	36
Informing Medical Council of other Regulatory proceedings etc.	13
Breach of Medical Practitioners Act 2007	12
Criminal Convictions	15
Total	**76**
Responsibilities to Patients	**2024**
Communication	139
Reporting Obligations concerning abuse of children / elderly / vulnerable adults	4
Treating Patients with dignity	55
Refusal to Treat	45
Conscientious objection	3
Emergencies	8
Appropriate Professional Skills	56
Adequate Language Skills	10
Physical and Intimate examinations	14
Personal Relationships with Patients	7
End of Life Care	4
Assisted Human Reprod.	0
Total	**345**

Professional Practice	
Maintaining Competence	9
Reporting Concerns and Colleagues	2
Professional relationships between colleagues	7
Professional Indemnity	1
Accepting Posts	3
Treatment of Relatives	5
Advertising	5
Premises and Practice Info	5
Medical Reports	19
Certifications	10
Prescribing	53
Referral of Patients	22
Locum and rota arrangement	0
Telemedicine	5
Retirement and transfer	1
Fees	9
Total	**156**
Relevant Medical Disability	**2024**
Alcohol Abuse	5
Drug Abuse	5
Mental or behavioural illness	4
Physical illness	0
Total	**14**
Treatment	
Consent	10
Clinical investigations & examinations	88
Diagnosis	68
Follow up Care	61
Surgical Procedures	15
Continuity of Care	42
Other	0
Total	**284**
Medical Records & Confidentiality	
Maintenance of accurate and up to date patient medical records	13
Confidentiality	8
Total	**21**
Overall Total	**896**

PPC Decisions

Table. PPC Decision Breakdown in 2024

Decisions are at Doctor Level and not at Case Level for 2024***	Volume	
NPF	404	86.3
FTP	64	13.7
Total PPC Decisions	**468**	**100.0**
NPF Breakdown:		
No further action S61.1(a)	309	76.5
Complaint was trivial, vexatious or without substance or made in bad faith S59.9(b)	47	11.6
Complaint was referred to a professional competence scheme S61.1(b)	15	3.7
Withdrawal Accepted S59.10(a)	33	8.2
Withdrawal Refused S59.10(b)*	2	0.5
Mediation S61 1(c)	0	0.0

* The 2 cases 'withdrawal refused' are not included in the overall NPF figure of 404, as they have not necessarily resulted in an NPF decision and may have proceeded to FtP. This happens when a complainant's application to withdraw a complaint is refused by the PPC/Council and the investigation may proceed to FtP.

Fitness to Practise Inquiries

Hearings Held	2024
Completed	43
Adjourned (commenced not concluded)	3
Pending (open cases - investigations ongoing)	162
No hearing days[2]	41
Average No of Days per hearing	1

Outcomes of Hearings	2024
Professional Misconduct	7
Relevant Medical Disability	1
Poor Professional Performance	6
No adverse Findings OR case withdrawn	10
Undertaking and / consent pursuant to s 67 of the Act	23
Contravention of the Act	0
Failure to Comply with Conditions	0

Hearings Held In	2024
Public	12
Private	31

Sanctions Imposed on practitioner by Council	2024
Cancellation	2
Suspensions	1
Conditions	3
Censure in Writing & Fine	1
Advice/Admonish/Censure	3

2 This includes complaints disposed of at full inquiry and call overs

No of Represented/Unrepresented medical practitioners	2024
Represented medical practitioners	23
Unrepresented medical practitioners	20

Reasons for complaints held in private	2024
Medical Practitioners Health	8
Application by complainant and registrant	1
Completed at Preliminary Stage / Callover	23

* Though there were 31 hearing held in private, there were two applications for privacy at one inquiry

No of Section 60 applications/undertakings to Council	2024
No of matters considered by Council under S60	22
No of applications to the High Court	10
No of Undertakings	11
Where no action was taken	1

* 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.

Health Committee	2024
No of medical practitioners supported by the Health Committee at end of 2024	51
No of new medical practitioners with the Health Committee	16
Released from support of the Health Committee	12

Reasons for Referral to Health Committee	2024
Substance Misuse	33
Mental Health Issue	16
General Health issue	2

Sources of Referral to Health Committee	2024
Self	14
Third Party	16
Medical Council	21

Appendix D

Freedom of Information Statistics

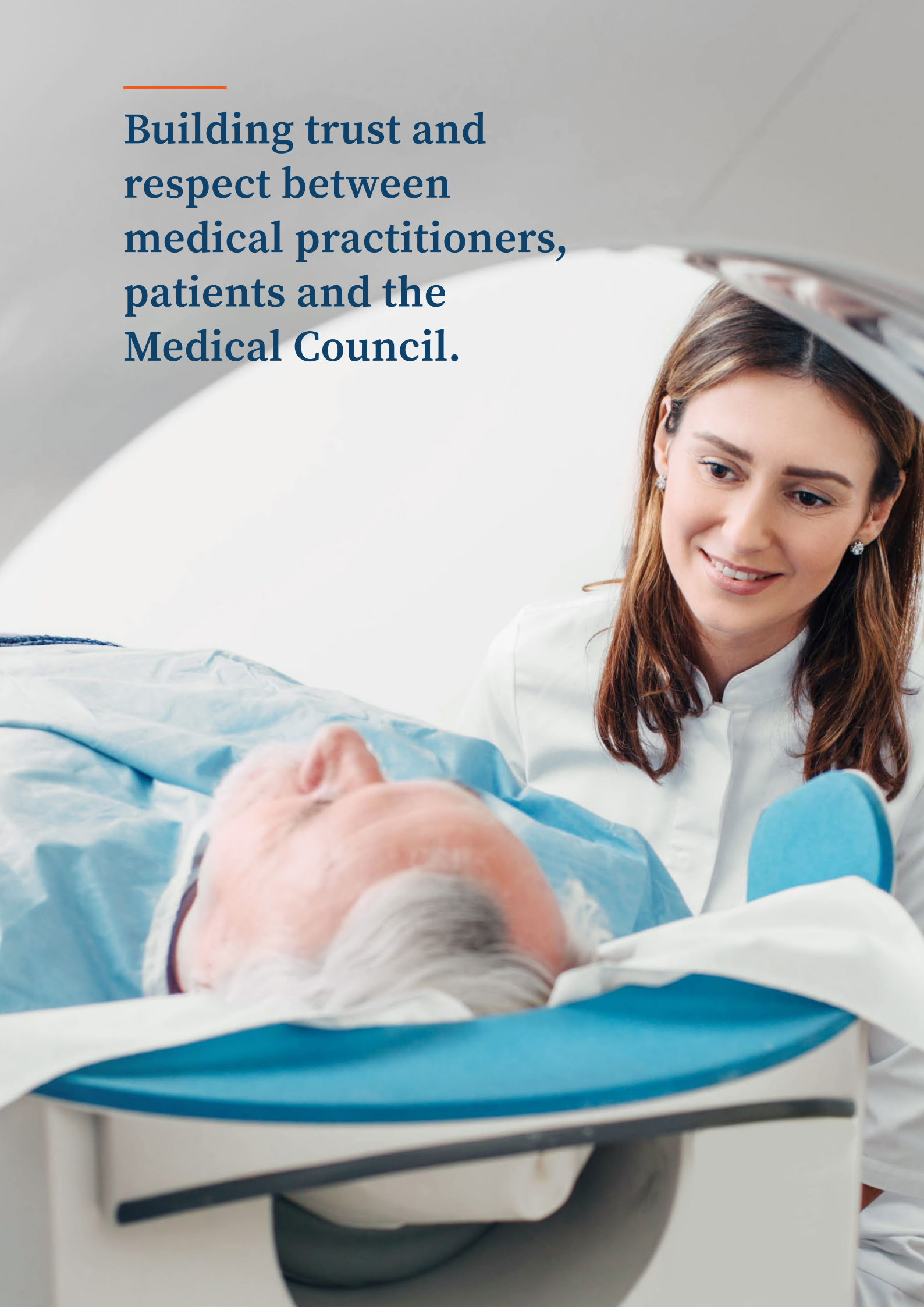
Type of Request	2024
Personal	40
Non-Personal	40
Mixed	-
Total	**80**

Status of Requests	2024
Granted	4
Part Granted	34
Refused	35
Withdrawn	7
Total	**80**

Data Protection Statistics

Requests received under the Data Protection Act 2018	2024
Subject Access Requests	11
Erasure Requests	1
Other	86
Total	**98**

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



Comhairle na nDochtúirí Leighis
Medical Council

Medical Council
Kingram House
Kingram Place
Dublin 2
D02 XY88

www.medicalcouncil.ie