



Comhairle na
nDochtúirí Leighis
Medical Council



ANNUAL REPORT & FINANCIAL STATEMENTS

2025



The Medical Council has a statutory role in protecting the public by promoting the highest professional standards.



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.

Our Core Activities

The Medical Council is the body responsible for the regulation of registered medical practitioners in Ireland under the Medical Practitioner's Act 2007 ('the Act').

The primary responsibility of the Council is described in the Act as being 'the protection of the public'. The Council has a range of functions that enable it to fulfil this responsibility.



Our functions are:

- Setting, monitoring and maintaining the
 - standards of education and training for registered medical practitioners
 - standards for the maintenance of professional competence
 - standards of professional conduct for registered medical practitioners.
- Maintaining the register of medical practitioners, establishing procedures and criteria for registration and the issue of certificates of registration and renewal.
- Managing complaints made about doctors to ensure that the public is protected and that doctors are fit to practise.

Throughout this document, we use the term 'doctor' to mean medical practitioner and a person who is qualified and entered on the register of medical practitioners.





The Medical Council's task is to ensure that public trust in the medical profession is not assumed, but earned each day through integrity, transparency, and our commitment to patient safety.

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President's Statement

It is my pleasure to present the Annual Report and Financial Statements of the Medical Council for the year ending 31st December 2025.



Dr Suzanne Crowe
President,
Medical Council

The year 2025 falls close to the end of my own tenure as President. I will complete my term in May 2026, having served on the Medical Council for eight years. As my term draws towards its close, I'm reflecting on what this work has meant to me.

A significant year

2025 was a year of real significance for the Medical Council. We launched our 2025 to 2028 Statement of Strategy, built around the key themes of Transform, Balance, Empower and Support, and Invest. This strategy articulates not just what we do, but how we intend to do it, and I am proud that patient safety is the thread that connects what we plan to do.

In June, we welcomed Dr Maria O'Kane as Chief Executive Officer. Maria's focus on strengthening governance, deepening stakeholder relationships, and improving our registration and fitness to practise processes gives me confidence in the direction of the Council. I look forward to seeing her vision take shape.

In September, the Medical Council hosted the International Association of Medical Regulatory Authorities 16th International Conference on Medical Regulation in Dublin, bringing together more than 460 participants from 37 countries. It was a privilege to open and close that conference and reflect on what it demonstrated: that the need for strong collaboration across regulatory bodies is as pressing as ever, and that people-focused regulation requires us to pursue shared outcomes, not simply shared processes.

The medical profession

In my eight years at the Medical Council, my experience of the medical profession has been overwhelmingly positive. The Medical Council's regulatory role spans the entire lifecycle of a doctor's career. From the time a student decides to apply to medical school, the Medical Council is there accrediting undergraduate medical education.

We stay with the doctor throughout internship and specialist training with our quality assurance model and throughout their career to retirement, in our role in the maintenance of professional competence. We also support international medical graduates through their first time registration, as well as all doctors with annual registration retention.

The vast majority of doctors demonstrate remarkable resilience and dedication, often under considerable pressure, and it has been a privilege to represent and support them in this role. The commitment to training to the highest standard and delivering excellent patient care is evident among doctors from various different specialties throughout the country.

Looking ahead and giving thanks

A number of Council and Committee members will conclude their terms in May 2026, and I'd like to sincerely acknowledge their contribution. Serving on the Medical Council requires significant commitment alongside busy professional lives, and the quality of governance and decision-making across our committees reflects that dedication.

I also want to thank the staff in the Medical Council. The work of this organisation is demanding, often complex, and not always visible. The professionalism, dedication, and care I have witnessed across the organisation over the past eight years has been a privilege to see.

To my fellow Council members: this has been a period of genuine professional growth for me. The challenges navigated and the sense of shared purpose have made this one of the most rewarding experiences of my career. I look forward to my final months as President, and to leaving this organisation in good hands.

Dr Suzanne Crowe
President

Chief Executive Officer's Review

It is my privilege to present the Medical Council's Annual Report and Financial Statements for 2025. This is my first annual report as Chief Executive Officer, having taken up the role in June 2025, and I am pleased to reflect on a year of significant progress.



Dr Maria O'Kane
Chief Executive
Officer,
Medical Council

Patient safety, achieved through supporting doctors to practise to the highest standard, has been the guiding principle for my work since joining the organisation, and it underpins all the work contained in this report.

Last year, the Medical Council launched its 2025 – 2028 Statement of Strategy, built around four strategic themes: Transform, Balance, Empower and Support, and Invest. This Strategy sets a clear direction for the organisation and signals our commitment to evolving as a regulator: adapting to new challenges, embracing new technologies, and ensuring our approach remains fit for purpose in a rapidly changing healthcare environment.

Registration

The Medical Council Register continued to grow in 2025. 31,897 doctors were invited to retain their registration during the annual retention period, of which 29,428 retained registration.

In the second half of 2025, work began on identifying and addressing the key friction points in our registration processes, with a focus on reducing processing times and improving communications with applicants. Our Registration directorate delivered this process efficiently, building on the operational improvements of recent years. Improving the registration experience remains a central priority for 2026.

Stakeholder engagement

In September 2025, the Medical Council hosted the International Association of Medical Regulatory Authorities 16th International Conference on Medical Regulation in Dublin, with more than 460 participants from 37 countries attending.

The conference provided an important opportunity to benchmark Irish regulatory practice against international standards and strengthened our commitment to people-focused regulation.

Proactive stakeholder engagement is a strategic priority. Stronger partnerships with the Department of Health, the HSE, postgraduate training bodies, and professional representative organisations contribute directly to better outcomes for patients.

Governance and accountability

Regulation must be visible, proportionate, and accountable. This year I focused on clarifying our internal structures, enhancing oversight, and embedding risk management and a culture of learning into the organisation. Our regulatory processes must reflect the same consistency and high standards that we ask of the profession.

Looking ahead

2026 will be a year of implementation. We will progress right touch regulation, continue to improve our registration function, and address the timelines that have for too long slowed the fitness to practise process.

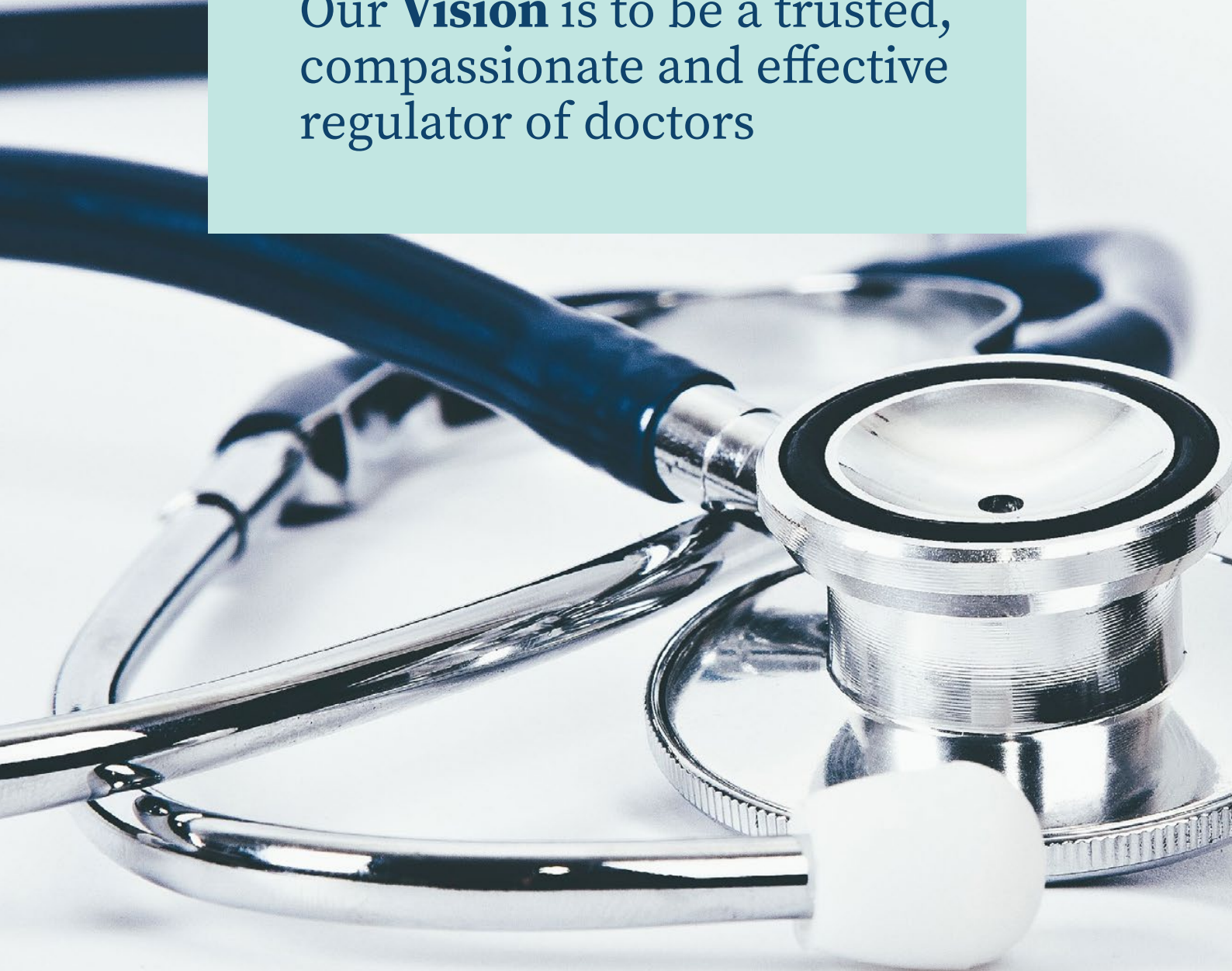
The Medical Council's task is to ensure that public trust in the medical profession is not assumed, but earned each day through integrity, transparency, and our commitment to patient safety. I look forward to the work ahead.

Dr Maria O'Kane
Chief Executive Officer

Our Purpose and Vision

Our **Purpose** is public protection, ensuring safe and professional doctors

Our **Vision** is to be a trusted, compassionate and effective regulator of doctors



Our Values



Trust

We act with integrity, honesty and consistency.



Respect

We treat everyone with dignity, kindness, compassion and fairness, embracing diversity, equality and inclusion.



Accountability

We take responsibility for our actions and decisions to transparently meet our obligations as a regulatory body.



Collaboration

We proactively engage and work with everyone to achieve our shared goals.



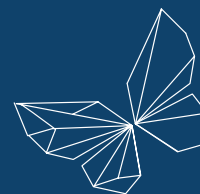
Excellence

We achieve excellence through continuous improvement, empowerment, innovation and learning.

Achievements under the Statement of Strategy in 2025

Transform

We will transform our services and supports to deliver effectively for doctors and the public.



Strategic Objective 1

Develop and implement key strategies that drive our future direction and the sustainable evolution of our core functions and service standards.

- An urgent application corridor was set up to facilitate the prioritisation of registration applications from doctors who had employment offers from clinical sites both in the HSE and private hospitals.
- The Regulated Professions (Health and Social Care) (Amendment) Act 2020 introduced changes to the investigation process of complaints by the Medical Council but only at the preliminary, or initial, stage of the process. All new complaints received after 6 May 2025, are being investigated under the new legislation.

Strategic Objective 2

Capitalise on the data captured through our regulatory functions and processes to streamline and enhance our regulatory interventions proportionate to the level of risk.

- In 2024/2025, the Fitness to Practise function continued to enhance its caseload controls, with a sustained focus on securing undertakings where appropriate and encouraging early admissions in suitable cases, whilst ensuring that findings are made in cases where this is warranted and is in the public interest.
- The FTP function continues to review referral patterns and case progression data to support ongoing improvements across the complaint's spectrum.
- In the context of the upward trend in referrals seen in 2023, 2024 and 2025, the FTP function remains committed to structured and continuous improvement and to delivering faster, fair and effective Fitness to Practise outcomes.

- Data held on the Medical Council's Register highlighted that in 2024 there were 20,962 clinically active doctors working in Ireland. The Medical Workforce Intelligence 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.

Strategic Objective 3

Implement effective and efficient resource management to deliver our strategic goals and statutory functions in a sustainable way.

- 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.

Strategic Objective 4

Implement a Quality Management and Assurance System to support a culture of continuous improvement across all our operations and systems.

- The revised Maintenance of Professional Competence 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.

Balance

We will use the full range of our regulatory powers to protect the public.



Strategic Objective 5

Continue to evolve and develop an enhanced, Right-Touch and effective regulatory model across the life cycle of a doctor.

- The Education and Training team set out to successfully execute the implementation of the Continuous Professional Development (CPD) accreditation model ensuring all scheme operators are fully transitioned over to the new model by end of Q2.

As a result, seven Postgraduate Training Bodies (PGTBs) completed the application process to become accredited CPD providers under the new CPD accreditation model. Their accreditation status was confirmed in January 2026.
- In 2025 there was a number of accreditation and inspection activities. For the Undergraduate team there was a total of:
 - Three Accreditations of Medical Schools
 - Four Anatomy inspections
 - Five Inspections of Intern sites
 - Three Inspections of Clinical Training sites
- Additionally, a significant amount of monitoring took place. The monitoring function reviewed 86 qualitative and 96 quantitative submissions across undergraduate, intern, and postgraduate training programmes.
- The Education and Training team aimed to deliver the National Graduate Outcomes (NGO) project, resulting in the development of a national set of graduate outcomes, assessment framework, and accreditation guidance. The NGO project commenced in 2025. Consultation with stakeholders commenced in September 2025. To date, engagement has been completed with medical schools and intern networks alongside the HSE's National Doctors Training and Planning team. Current consultations are focusing on student, intern, and patient representatives.

- The Education and Training team also planned to relaunch the 'Your Training Counts' survey by the end of Q1 2026, with a complete analysis and final findings by Q4.
- To this end, a review of the previous 'Your Training Counts' survey was completed in 2025. Questions were reviewed and subsequently updated, amended or removed where required following the review. A draft survey was prepared for stakeholder engagement in advance of the relaunch in 2026.
- Introduced mandatory complete documentation requirements prior to application submission, with system improvements progressing through User Acceptance Testing.
- Progressed work to reduce PRES waiting times through exploration of alternative international exam pathways, with proposals developed for consideration in the new year.
- Advanced scoping of automatic recognition of specialist qualifications from key international jurisdictions including Australia, New Zealand, USA and Canada.
- Significantly reduced the backlog of Certificate of Experience (COE) applications, with full clearance on track for Q1 2026.
- Maintained reduced registration processing durations across the year, improving the experience for applicants.
- Strengthened register compliance by removing doctors who failed to submit certificates of indemnity and verifying certificates received.
- Commenced drafting of new Registration Rules in preparation for upcoming legislative amendments.

Strategic Objective 6

Develop a new approach of dealing with concerns raised about a doctor that protects the public, that is proportionate to the risk, ensuring earlier resolution and closure.

- The Preliminary Proceedings Committee (PPC) attended 12 meetings held over 21 days in 2025. The Complaints and Investigations team received 409 complaints against 477 doctors in 2025.
- The PPC made decisions in respect of 387 doctors in 2025.
- The Regulated Professions (Health and Social Care) (Amendment) Act 2020 (“2020 Act”) amends the Medical Practitioners Act 2007. In respect of the preliminary stage of the Complaints process, specific provisions in the 2020 Act relating to complaints were commenced on 6 May 2025 and introduced changes to the investigation of complaints at the preliminary stage.
- All complaints received after 6 May 2025, are being investigated under the Medical Practitioners Act 2007, as amended by the 2020 Act. Complaints received before 6 May 2025 continue to be investigated in accordance with the Medical Practitioners Act 2007 prior to amendment.
- The Medical Council established an Intake team within Complaints and Investigations in May 2025. One of the functions of this team is to initially assess correspondence received from members of the public and to determine whether the communication received should be treated as a complaint or whether the issues/concerns raised should be redirected to more appropriate avenues for resolution.
- The Intake Team has played a key role in the effective early assessment of concerns raised by members of the public and the team has closed 156 concerns since it was established. In such cases, individuals were redirected to the appropriate person/organisation for resolution and provided with clear guidance on the role and remit of the Medical Council.

- This approach has supported timely resolution of such issues while ensuring regulatory resources are used effectively and proportionately. The team’s approach is aligned with the commitments set out in the Statement of Strategy to develop a proportionate, risk-based model that prioritises patient safety while enabling earlier resolution and closure of concerns.
- The Act also allows for the PPC to seek undertakings from doctors, which improves the timeframe for resolving complaints, by allowing matters to be resolved at an early stage by way of an appropriate undertaking after an investigation has been concluded.

Strategic Objective 7

Promote and implement new statutory frameworks to support our regulatory remit to facilitate timely and high-quality decisions.

- Progressed drafting of new Registration Rules to ensure organisational readiness ahead of legislative amendments due to commence in 2027.



Empower and Support

We will create a regulatory environment that enhances the quality of patient care through empowering and supporting doctors.



Strategic Objective 8

Listen and proactively engage with doctors, the public and our stakeholders to ensure greater understanding, fostering collaboration and developing stronger partnerships.

- The Medical Council hosted the 16th international IAMRA Conference in September 2025. Bringing together regulators, clinicians and innovators across the international spectrum, the four-day conference encouraged collaboration and knowledge sharing on the future of medical regulation. The event was lead and coordinated by the Communications and Engagement function.
- In 2025, the Communications function issued 24 press releases to media, as well as 37 Fitness to Practise inquiry notices, in the form of calendar updates.
- CAREhub completed a highly successful first year, with 30 individuals engaging in counselling and 153 online support interactions recorded throughout the year.
- Following this positive first year, a decision was taken to continue the service for a further two-year period in partnership with Lyra, reflecting its demonstrated value for service users.
- Doctors and complainants were actively signposted to CAREhub throughout the year, ensuring access to emotional and wellbeing support for those navigating regulatory processes.
- The Compassion in Regulation Forum met four times during 2025, exploring themes including Right-Touch Regulation and the meaning of compassion in regulation from the perspective of the public and complainants.
- Forum membership continued to grow, reaching 33 representatives from 17 regulatory bodies worldwide, reflecting strong and expanding international engagement.
- The Medical Council assumed the Presidency of the Council for Licensure, Enforcement and Regulation (CLEAR), a global regulatory association with 550 members across four continents, further strengthening the organisation's international profile and influence.
- The team maintained active engagement with key external stakeholders throughout the year, providing workforce data and analysis to bodies including the Irish College of GPs (ICGP), Irish Hospital Consultants Association (IHCA), Irish Medical Organisation (IMO), MPS and the Rural Workforce Agency Victoria.
- Analysis and data were provided to support presentations by the President at a range of external events and in response to media queries across the year.
- The team presented at the Medical Council of Canada's annual meeting, sharing insights on workforce data intelligence.
- The team participated in the ninth HEROES Community of Practice meeting, contributing to collaborative workforce planning discussions with experts across 19 countries.
- The Communications function produced a number of Plain English blogs in 2025 to raise awareness of key Medical Council topics including Performance Assessment, Research, Maintenance of Professional Competence, and Annual Retention.
- The Communications function also launched public consultations to highlight changes to legislation and other regulatory initiatives.
- Six stakeholder newsletters were issued by the Digital Communications team to its database of over 35,000 doctors and stakeholders throughout the year.
- Published over 600 posts across social media channels including Facebook, LinkedIn, Instagram & Twitter. Posts provided timely updates and information on a variety of Medical Council initiatives, reaching an audience of over 250,000 throughout the year.

- The Communications function supported and advised the President, Vice-President, CEO and members of the Executive Leadership Team and Heads of Function in 27 speaking engagements over the course of 2025. Invitations to speak were received from Postgraduate Training Bodies, Hospital Groups, Universities and Representative Bodies.
- In addition, the Communications function responded to numerous queries from the Department of Health (including the Professional Regulation Unit) and members of the Houses of the Oireachtas. In 2025, the Communications team responded to:
 - 2 Leaders Questions
 - 40 Parliamentary Questions
 - 67 Ministerial Representations
 - 28 Direct submissions by members of the Oireachtas
 - 41 Miscellaneous requests from the Dept

Strategic Objective 9

Apply our insights on emerging issues and trends in professional regulation and the wider healthcare system, strengthening our regulatory voice.

- The Workforce Intelligence Report was published in July 2025, providing a comprehensive overview of the medical workforce landscape.
- Supplementary workforce reports were prepared for publication during the year, including analysis of doctors not clinically active and doctors working abroad only.
- Ongoing engagement with National Doctors Training and Planning (NDTP) and the Department of Health (DoH) Workforce Planning Unit continued throughout the year, with data shared to inform national recruitment, retention and workforce planning strategies.
- A new research project was scoped focusing on the General Division, examining how the Council can better support Non Consultant Hospital Doctors (NCHD) not on training schemes, GPs, locum doctors and those working in the private sector; an exploratory paper was prepared and shared with the Executive Leadership Team.

- The Medical Council participated in the World Health Organisation's Expert Working Group on Regulatory Considerations for Artificial Intelligence in Healthcare, contributing an Irish regulatory perspective to this important international workstream
- The Medical Council delivered the opening keynote at the AI in Regulation National Dialogue Series in Toronto, positioning the organisation as a leading voice on the role of regulation in an era of emerging health technologies.

Strategic Objective 10

Provide timely regulatory guidance for doctors and stakeholders on new policies, initiatives, legislation and technologies in healthcare.

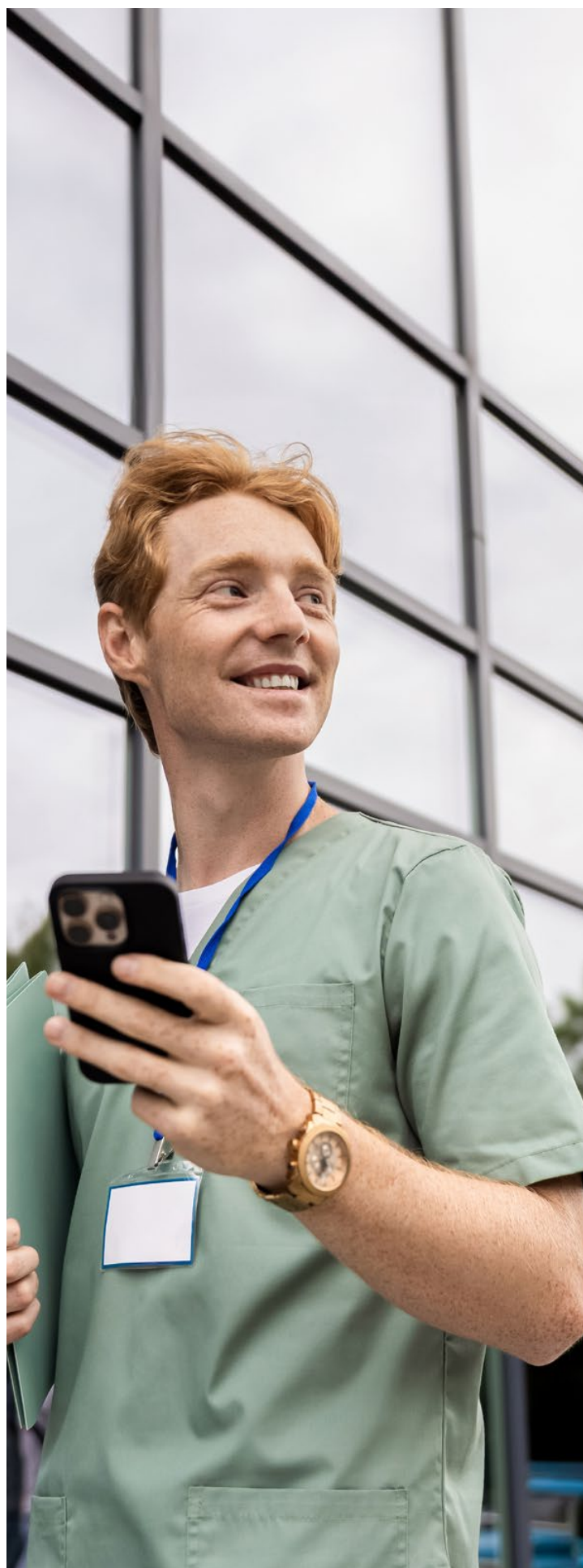
- The Regulatory Policy team prepared and published an evidence-informed position statement providing tailored guidance to the profession to ensure patient safety when adopting Artificial Intelligence into clinical decision-making.
- This guidance was disseminated through a press release issued by the Communications team and further shared with the profession through a stakeholder newsletter.
- The Regulatory Policy team also published a statement highlighting doctors' professional and legal responsibilities when prescribing and administering botulinum toxin. This statement gained widespread media coverage following the issuing of a press release by the Communications team.

- The Regulatory Policy team's Fit and Proper Requirements and Unregistered Practice policy was completed and published, ready for implementation.
- Regulatory guidance was issued during the year and disseminated through a press release and stakeholder newsletter, ensuring timely communication with the profession.
- The Research team supported work exploring approaches to third-country qualification recognition across a range of international jurisdictions.
- The Regulatory Standards Team completed the development and updating of various pieces of guidance including the National Guidelines for Quality Assuring Medical Education and Training. These Guidelines support the Medical Council's new Standards for Quality Assuring Medical Education and Training that all medical education and training providers will be required to meet.

Strategic Objective 11

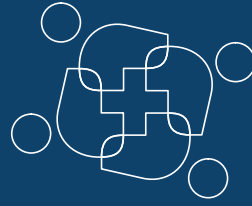
Leverage key insights from our regulatory operations to inform the evolution of undergraduate, postgraduate and continuing professional development programmes.

- The Research team supported the development and revision of the Your Training Counts survey for Education & Training, along with analysis of complaints and Fitness to Practise data to inform ongoing programme development.



Invest

We will invest in our People, Culture and Governance to achieve our objectives.



Strategic Objective 12

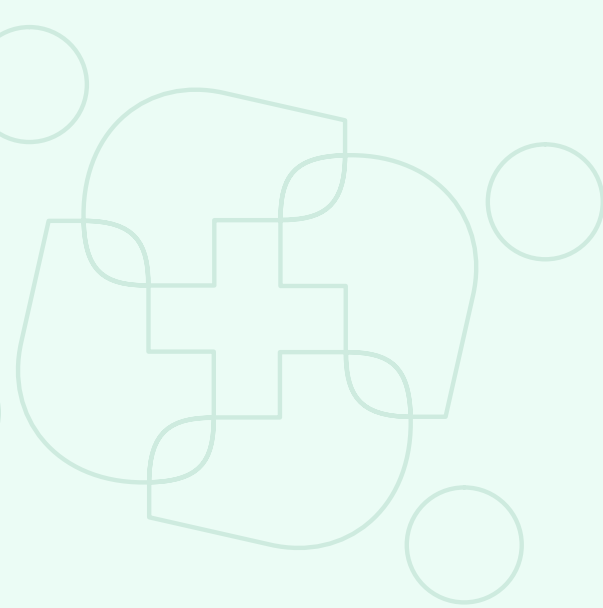
Cultivate a strong and intentional culture based on our values to progress our strategic objectives and goals.

- The appointment of a new Chief Executive Officer during the year marked an important development for the organisation, bringing clear leadership and supporting the continued delivery of strategic priorities.
- Organisational culture remained a key priority. A culture survey, with an 85% participation rate across the organisation, resulted in the establishment of a Culture Steering Group and a range of initiatives to improve communication, collaboration, and trust.

Strategic Objective 13

Develop and enhance our organisation, governance, decision-making operations and procedures across all functions ensuring alignment with best regulatory practice.

- The Research team provided ongoing internal support across the organisation throughout the year, including development of trackers, processing analysis and reporting to support Registration operations.
- Support was provided to Corporate Affairs and a range of internal functions, contributing to continuous improvement across the organisation.



We will listen and proactively engage with doctors, the public and our stakeholders to ensure greater understanding, fostering collaboration and developing stronger partnerships.



Council Members



Dr Suzanne Crowe
President



Dr Mary Davoren
Vice-President



Dr Louise Kavanagh
McBride



Ms Teresa Bulfin



Ms Sinéad Corcoran



Ms Marie Culliton



Mr Ian Drennan



Mr John Gleeson



Prof Richard Green



Mr Paul Harkin



Ms Jill Long



Prof Deirdre Murphy



Prof Orla Muldoon



Mr Nauman Nabi



Prof Ronan O'Connell



Mr Martin O'Halloran



Dr Margaret
O'Riordan



Prof Desmond O'Neill



Mr Jim O'Sullivan



Prof Mary O'Sullivan



Mr Ronan Quirke



Prof Edna Roche



Dr Liqa ur Rehman

Executive Leadership Team



Dr Maria O'Kane
Chief Executive Officer



Mr Ciarán Buggle
Executive Director
Professional Standards



Mr Paul Byrne
Executive Director
Education, AI & Innovation



Ms Jantze Cotter
Executive Director
Governance & Strategic Affairs



Ms Rose Fox
Executive Director
Finance and Corporate Services



Mr Colm O'Leary
Executive Director
Registration Operations



Dr Cyril Sullivan
Interim Executive Director
Finance and Corporate Services



Mr Alan Gallagher
Head of Communications
and Strategic Engagement



Ms Marion Mitchell
Head of People and Culture

2025 in Numbers

31,897

doctors were invited to retain their place on the register in 2025

Of these, **29,428** completed ARAF and retained their place on the register

7,099

doctors joined the register in 2025

6,445

were first time registrants

654

were restorals onto the register, an increase of 33.8% on 2024

47.6%
FEMALE



52.4%
MALE



47.6% of clinically active doctors were female, 52.4% were male

65

Council Meetings, including Circulation of Papers

409

complaints received

71

Fitness to Practise hearings completed, an increase of 65% year-on-year

33%

Majority of complaints received (33%) were in relation to communication



Delegates from

37

countries attended the 16th International Conference on Medical Regulation, hosted by the Medical Council



1.2 million

web site visits, up 9% on 2024



The Medical Council will continue to evolve and develop an enhanced, Right -Touch and effective regulatory model across the life cycle of a doctor.

Office of the CEO

Compliance

The Medical Council is committed to maintaining and promoting a culture of compliance across its activities. A Compliance Policy was developed in 2025 to support and direct compliance activities across the Medical Council, with plans to implement the Policy in 2026.

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, and are subject to scheduled reviews to ensure they remain in line with the legislation and best practice.

Children's First Act

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 2025

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 2025 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 2025, employees with disabilities made up 6% of the Council's workforce.

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.

Procedures are in place to ensure that Council members and designated staff of the Medical Council comply with the provisions of the Ethics in Public Office Act, 1995 and the Standards in Public Office Act, 2001, where applicable. Annual statements of interest are requested from all Council members and designated staff.

Regulatory Standards

The Regulatory Standards team work with colleagues across the organisation to maintain and develop all regulatory standards, guidelines and rules of the Medical Council. This includes the 9th Edition of the Guide to Professional Conduct and Ethics for Registered Medical Practitioners.

In 2025, the team completed the development and updating of various pieces of guidance including the National Guidelines for Quality Assuring Medical Education and Training. These Guidelines support the Medical Council's new Standards for Quality Assuring Medical Education and Training that all medical education and training providers will be required to meet.

The team revised the Safe Start Guide, developed to support doctors both new and returning to practise medicine in Ireland.



In 2025, the Medical Council progressed our commitment to continuous improvement, transparency, and accountability.

The Medical Council's telemedicine guidance for the public and the profession was also updated, and in addition, a dedicated webpage on Open Disclosure was developed to provide information for doctors and the public on the requirements of Open Disclosure and the role of the Medical Council as a professional regulator.

Risk Management

The Medical Council is committed to integrating risk management into routine business activities, ensuring it informs the strategic direction of the organisation. Taking a risk-based approach to decision-making enhances the stability of the organisation, improves resilience, and allows the Medical Council to protect the public, whilst supporting doctors.

The Medical Council has a risk appetite statement that defines the amount of risk Council is willing to take in pursuit of the objectives set out in the Statement of Strategy 2025-2028. In defining a risk appetite statement, Council acknowledges that the organisation must accept an element of risk across our activities, especially where the potential reward justifies the acceptance of a certain level of risk.

As our primary role is to protect the interests of the public, risk appetite across the organisation is generally low to zero, and as such the Medical Council seeks to mitigate risk as far as possible. However, Council recognises that although risk has the potential to negatively impact the ability to achieve objectives, it can also represent a source of opportunity, therefore a conscious effort is made to embrace risk when the potential benefits align with the strategic objectives and direction of the organisation.

Risks are monitored on an ongoing basis by the Chief Risk Officer (CRO), and formal reviews between the CRO and risk owners occur, at a minimum, on a quarterly basis. Quarterly risk reports are provided to both the Audit and Risk Committee (ARC) and Council. At the close of the Q4 reporting period, the Medical Council had a total of 39 risks, comprising of 7 principal risks and 32 operational risks.

Regulatory compliance

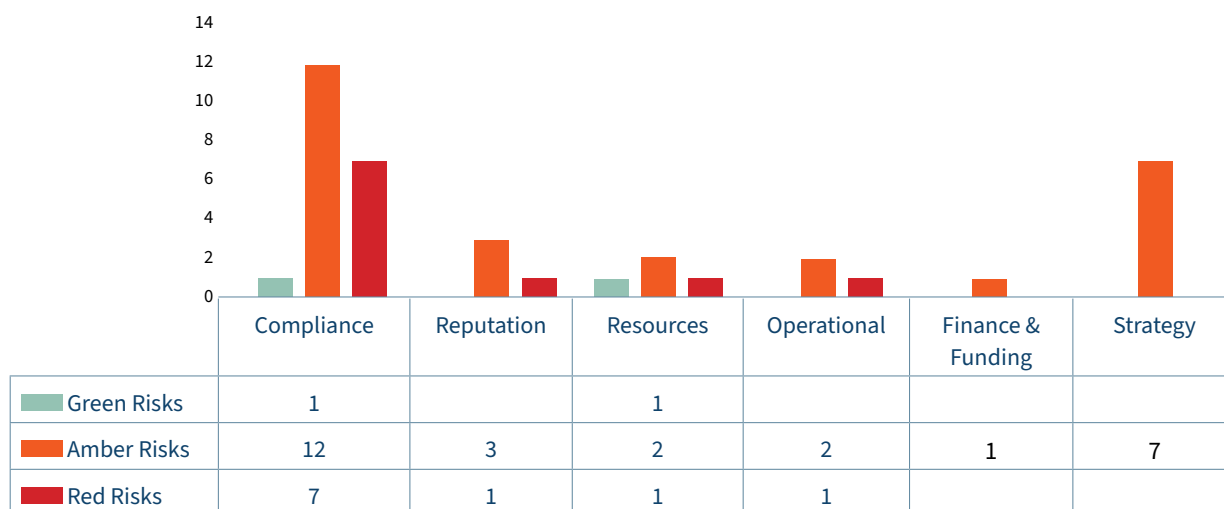
Regulatory compliance is the principal risk theme for 2025. There continued to be a high volume of fitness to practise (FTP) referrals in 2025. The appointment of a second solicitor into the team has provided some support but the number of cases remained high at the end of 2025. The FtP team has made significant progress in addressing the high volume of referrals and have a detailed plan to address this.

Additionally, increase in volume and complexity of Data Subject Access Requests, data breaches and other requests that fall under the GDPR legislation is an on-going risk for the Medical Council.

Categorisation of risks by residual score at the end of 2025

Below is a consolidation of the Medical Council's risks at the end of 2025. The categories outlined refer to the impact of the risk if eventualised and the red, amber and green colour coding refer to the residual score, which is the score allocated by the Executive with controls and actions taken into consideration.

Categorisation of risk by residual rating at the end of Q4 2025



People and Culture

Progress was made in strengthening organisational culture, embedding values, and supporting delivery through targeted workforce, wellbeing, and organisational initiatives.

People & Culture

The People and Culture team is committed to fostering an inclusive workplace focused on delivering results while supporting employee wellbeing. Our approach integrates diversity, inclusion, and wellbeing across the organisation, strengthening performance and day-to-day delivery.

Organisation Design & Resourcing

In 2025, a comprehensive review of leadership structures and strategic priorities was carried out. This resulted in the establishment of five directorates:

- Governance and Strategic Affairs
- Finance and Support Services
- Registration Operations
- Education, Innovation & AI
- Professional Standards

This work improved alignment, clarified roles and responsibilities, and helped position the organisation to respond to current and future demands.

The appointment of a new Chief Executive Officer during the year marked an important development for the organisation, bringing clear leadership and supporting the continued delivery of strategic priorities.

During the year, 33 roles were successfully filled, strengthening organisational capacity.

To support demand within Registration, a number of actions were taken during 2025 to help reduce backlogs. This included temporarily moving staff from across the organisation to support the Registration team, reflecting a practical, organisation-wide response to service pressures.

Planning was also progressed to secure additional fixed-term resources to support this work.

Workforce & Capability

The organisation maintained a stable workforce during 2025, supporting the delivery of key priorities.

Key workforce data for 2025 is summarised below:

Metric	2025
Total Headcount	131
Female (%)	74%
Male (%)	26%
Average Length of Service	6.3 years
New Starters (2025)	33

The workforce reflects a mix of newer joiners and experienced staff, with an average length of service of approximately 6 years.

During the year, the focus was on supporting employees through organisational change and maintaining continuity of service. Development activity was practical and role-focused, and aligned to operational needs.



Culture & Engagement

Organisational culture remained a key priority. A culture survey, with an 85% participation rate across the organisation, resulted in the establishment of a Culture Steering Group and a range of initiatives to improve communication, collaboration, and trust. During the year, the organisation also reviewed its Ways of Working policy to support effective collaboration and employee experience.

This has provided a clearer understanding of the organisation's culture and is helping to guide ongoing actions.

This work supports the organisation's objective to build a strong and intentional culture based on our values. During 2025, we made progress in embedding these values, improving staff experience and retention, and strengthening collaboration to support service delivery.

Wellbeing & Inclusion

The Employee Wellbeing Group supported a range of initiatives promoting a balanced and sustainable approach to work.

The organisation remains committed to equality, diversity, and inclusion, ensuring policies and practices support an inclusive and respectful workplace.

Governance & People Data

People policies were reviewed and aligned with public sector circulars and legislative requirements during the year.

The year-end attrition rate was 9%, reduced from 10% in 2024 and below the Irish benchmark of 16%, reflecting strong retention during a period of significant change.

The People and Culture function remained fully compliant with all relevant governance and legislative requirements. An external audit completed during the year resulted in no findings, providing assurance on the effectiveness of related processes and controls.

Key Achievements

- Completion of leadership structure review and establishment of five directorates
- Recruitment of 33 roles
- Temporary redeployment of staff across the organisation to support Registration and reduce backlogs
- Establishment of Culture Steering Group
- Reduction in attrition to 9%
- Positive external audit outcome with no findings

Looking Ahead

Planning is underway to build on progress made in 2025, with a continued focus on strengthening organisational capability, embedding values, and improving employee engagement and retention.

Registration Operations - *Ensuring Only Safe, Qualified Doctors Practise*

The Council's registration activities directly protect patients by ensuring that only doctors who meet defined standards of competence, indemnity, and professional integrity can practise.

Since 2020, the volume of applications for registration has increased substantially (265.5%) and as a result registration processing times have also increased. Incomplete applications have been identified as a major challenge as these can be very time-consuming and result in the application process becoming more demanding on resources than it ought to be. Whilst the Registration section had engaged in continuous improvement processes which had delivered improved turnaround times, at the end of June 2025 there were a significant number of applications under assessment or awaiting assessment.

In early July the Medical Council committed to delivering a significant reduction in backlogs across all registration routes. Successful outputs were achieved by recruiting additional temporary staff, reallocating organisational resources, pausing some business plan projects, re-prioritising services, introducing process improvements to minimise inefficiencies and bottlenecks, and fast-tracking Operating System change requests.

As a result, between July and December 2025, 4,507 doctors were registered which comprised of both first-time registered doctors and doctors restoring their registration. The registration process duration of correctly presented applications for EU/UK General and Specialist routes and doctors applying to restore their registration were reduced by 70%. The actual duration to process applications via the Certificate of Experience (COE) route was reduced to 23 weeks.

Annual Retention

In May 2025, 29,428 doctors completed the Annual Retention Application Form (ARAF) to remain registered. This has been increasing year on year from 26,591 in 2024 and 24,794 in 2023. An analysis of the ARAF data shows that in 2025, 22,257 (75.6%) of the doctors retaining their registration were practising medicine in the Republic of Ireland, 5,459 (18.6%) were practising medicine abroad only and 1,712 (5.8%) were not practising medicine.

Project Gateway – Urgent Registration

Under Project Gateway, an urgent application corridor was set up to facilitate the prioritisation of registration applications from doctors who had employment offers from clinical sites both in the HSE and private hospitals. Applications times have been reduced to under three weeks which enables clinical sites rapidly fill critical roles. In 2025, 317 applicants were registered through Project Gateway.

Strategic Innovation Driving Performance

Looking ahead: Strategic Priorities for 2026

The Registration section will build and improve the 2025 achievements by putting in place a series of measures/initiatives to achieve more sustainable, lasting improvements. Particular focus will be on continuous improvement of processes, legislative amendments, resourcing and system improvements.

Contact Centre

The Contact Centre is the primary point of contact for stakeholder interaction handling phone queries and responding to information requests via email. The establishment of the Contact Centre has resulted in a significantly improved service to callers and email queries. Assistance to over 8,000 callers was provided.

Call Analysis

An analysis of the 8,094 phone interactions identified the following as the main reasons for calls:

- First time application updates
- Queries regarding the annual retention process
- Certificate requests
- Queries regarding documentation required
- Requests to confirm receipt of documentation
- Division Transfer requests

In May 2025, 29,428 doctors completed the Annual Retention Application Form (ARAF) to remain registered.



Professional Standards - *Protecting the Public from Reported Unsafe Practice*

The Council's Professional Standards Directorate manages complaints, investigations, and Fitness to Practise processes that directly address risk and protect patients.

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.

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 (FTP) 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 FTP Committee are as follows:

- professional misconduct,
- poor professional performance,
- a relevant medical disability,
- a failure to comply with a relevant condition,
- a failure to comply with an undertaking or to take any action specified in a consent given in response to a previous complaint or inquiry,
- the imposition of a prohibition or restriction on the doctor's ability to provide one or more than one kind of health or social care,
- a contravention of a provision of the Medical Practitioners Act 2007 Act (including a provision of any regulations or rules made under this Act),
- a failure to comply with regulations made under section 13 (2) of the Health (Pricing and Supply of Medical Goods) Act 2013,
- a conviction in the State for an offence triable on indictment (or if convicted outside of the State, for an offence that would be triable on indictment in Irish courts).

The Complaints and Investigations team manages the initial stage of the complaint process, communicating with complainants and practitioners throughout the consideration of the complaint. The Complaints and Investigations team prepares documentation for each PPC meeting, and deals with correspondence following those meetings, and drafts the 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 behalf of the CEO. The team also deal with numerous ethical and legal queries from the public and practitioners.

There are 30 members on the PPC which includes lay people and medical practitioners, of which nine are new members recruited in 2025. The Committee now comprises 10 Council members and 20 external members, meeting quorum requirements of one-third Council representation and a majority of medical members.

A comprehensive induction programme was delivered to all new members, covering both previous and updated legislative frameworks, the role of undertakings, and the triage powers of the CEO. The inductions also included relevant case law and guidance on Judicial Review processes.

The increase of PPC members has enhanced operational efficiency and supported a more balanced distribution of workload across the Committee.

The Committee attended 12 meetings held over 21 days in 2025. The Complaints and Investigations team received 409 complaints against 477 doctors in 2025. (This includes doctors who may be subject to two or more complaints.)

The PPC deals with a significant volume of complaints and PPC meetings occur remotely every four to six weeks.

The PPC is supported by the Executive team, including solicitors, Authorised officers, and Regulation officers.

The PPC made decisions in respect of 387 doctors in 2025. The breakdown consisted of 301 doctors where no further action was taken following an investigation, and 86 doctors being referred to the Fitness to Practise Committee.

Commencement of Legislation - 6 May 2025

The Regulated Professions (Health and Social Care) (Amendment) Act 2020 ("2020 Act") amends the Medical Practitioners Act 2007. In respect of the preliminary stage of the Complaints process, specific provisions in the 2020 Act relating to complaints were commenced on 6 May 2025 and introduced changes to the investigation of complaints at the preliminary stage. All complaints received after 6 May 2025, are being investigated under the Medical Practitioners Act 2007, as amended by the 2020 Act. Complaints received before 6 May 2025 continue to be investigated in accordance with the Medical Practitioners Act 2007 prior to amendment.

Intake Team (within Complaints and Investigations)

The Medical Council established an Intake team within Complaints and Investigations in May 2025. One of the functions of this team is to initially assess correspondence received from members of the public and to determine whether the communication received should be treated as a complaint or whether the issues/concerns raised should be redirected to more appropriate avenues for resolution. The Medical Council regularly receives communication from the public regarding issues that do not fall within the remit of the Medical Council and/or do not involve fitness to practise issues or present no patient safety issues. These matters are classified as "concerns" and are not treated as complaints. Such issues could include, waiting times or matters relating to refunds.

The Intake Team has played a key role in the effective early assessment of concerns raised by members of the public and the team has closed 156 concerns since it was established. In such cases, individuals were redirected to the appropriate person/organisation for resolution and provided with clear guidance on the role and remit of the Medical Council. This approach has supported timely resolution of such issues while ensuring regulatory resources are used effectively and proportionately.

The team's approach is aligned with the commitments set out in the Statement of Strategy to develop a proportionate, risk-based model that prioritises patient safety while enabling earlier resolution and closure of concerns.

Highlights

The legislative changes introduced under the Regulated Professions (Health and Social Care) (Amendment) Act 2020 marked a significant update in relation to the roles of the Preliminary Proceedings Committee (PPC) and the Chief Executive Officer (CEO). 197 complaints were received in 2025, after the new legislation came into effect.

All complaints under the new legislation are now assessed by the CEO. The CEO has the power to investigate complaints at the preliminary stage; the CEO directs the authorised officers to carry out investigations.

Following receipt of a complaint, the CEO now has the power to decide whether a complaint is frivolous or vexatious or not made in good faith. This new amendment allows for earlier resolution of complaints. Prior to the commencement of the legislation, the PPC was required to decide whether a complaint was trivial, vexatious, without substance, or made in bad faith. The CEO exercised this power in respect of complaints against 31 doctors.

Once a complaint is opened, the CEO will appoint an authorised officer to carry out investigations. Authorised officers are empowered to investigate complaints, including the ability to compel the production of documents and information. Under the previous legislation, the PPC directed case officers; however, under the new legislation, this power lies with the CEO, streamlining the process and shortening investigation timelines.

Once investigations have been carried out, the CEO will submit the complaint, along with the investigation report and any relevant material, to the PPC, which will continue to act as the final decision-maker on how the complaint proceeds.

The options available to the PPC are as follows:

- Decide that no further action is required and close the case.
- Request that the doctor provide an Undertaking to the PPC.
- Refer the complaint to another body or authority.
- Refer the doctor to a professional competence scheme.
- Refer the matter to mediation.
- Refer the matter to a fitness to practise inquiry.

In reaching its decision, the PPC will consider the authorised officer's investigation and report. If it determines that further information is needed before making a decision, it may refer the matter back to the CEO.

Undertakings and Consents

Under the Act, the PPC may seek undertakings from doctors to resolve complaints at an early stage. An undertaking is a written commitment made by a doctor, an undertaking is legally binding and failing to comply with it may itself lead to a further complaint.

The Act provides for several specific types of undertakings that may be requested by the PPC:

- Not to repeat the conduct complained of.
- To be referred to a professional competence scheme.
- To consent to undergo medical treatment.
- To consent to being censured.

This is a beneficial change, as it allows matters to be resolved at an early stage by way of an appropriate undertaking after an investigation has been concluded. Under the old legislation, only the Fitness to Practice Committee had the authority to accept an undertaking from a doctor.

Dual Process

During this transition, the Complaints and Investigations team has been operating a dual system, managing complaints under both the 2007 Act and the new legislative framework. This has required careful coordination to ensure consistency and fairness.

Fitness to Practise, Monitoring and Health

Fitness to Practise

The level of Fitness to Practise (FTP) activity in 2025 reflects a very busy year for the FTP function, with increased referrals and a higher number of cases brought to conclusion during this time.

The FTP function had 178 cases being managed at year end. This included 84 new referrals from the Preliminary Proceedings Committee, representing an increase of approximately 38% compared with 2024.

The FTP Team exceeded its disposal target of 60 cases for the year. By 31 December 2025, the FTP Committee had disposed of 71 cases, one case was completed and is awaiting a report and a further five matters had commenced but not concluded. The completion of 71 cases represents a record number for the FTP function and a significant increase on the 43 cases disposed of in 2024. This year-on-year change represents a 65% increase in the number of complaints concluded by the Fitness to Practise function in 2025. This achievement demonstrates the positive impact of operational improvements introduced over recent years.

Of the matters completed, 32 resulted in findings, 23 resulted in undertakings, in nine cases no findings were made and seven cases concluded with withdrawals across the relevant statutory provisions.

Callover meetings continued to support efficient case progression, with 25 meeting days held and 65 matters considered in 2025.

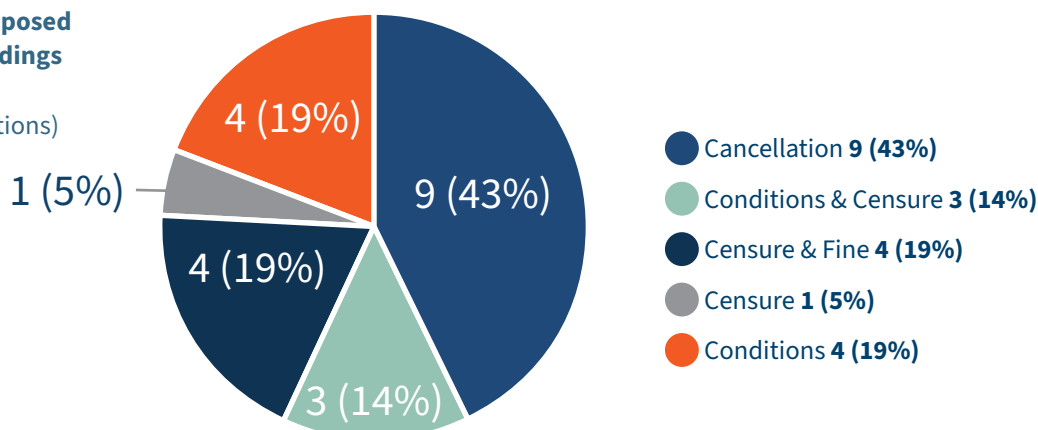
The FTP Committee continued to use both in-person and remote hearing formats. The mode of hearing selected is based on the needs of each case, which includes the nature of the evidence, the number of witnesses and the circumstances of the parties involved. The ability to facilitate remote participation, particularly for witnesses, where appropriate, has enhanced accessibility and supported the efficient progression of hearings in suitable cases.

Council also dealt with 47 FTP related matters, including sanction hearings and publication hearings. During 2025, a further 11 sanctions were confirmed by the High Court.

In 2024/2025, the FTP function continued to enhance its caseload controls, with a sustained focus on securing undertakings where appropriate and encouraging early admissions in suitable cases, whilst ensuring that findings are made in cases where this is warranted and is in the public interest.

Sanctions¹ Imposed Following Findings in 2025

(Total 21 Sanctions)



The FTP function continues to review referral patterns and case progression data to support ongoing improvements across the complaint's spectrum. In the context of the upward trend in referrals seen in 2023, 2024 and 2025, the FTP function remains committed to structured and continuous improvement and to delivering faster, fair and effective Fitness to Practise outcomes. These ongoing improvements will support the planning and management of cases throughout 2026.

Sanctions Guidance

Where the FTP Committee makes findings against a practitioner, the Council is required to impose an appropriate sanction in line with the legislation. A breakdown of the sanctions imposed is illustrated in the graph above. This provides an overview of the range of sanctions applied in 2025. Sanctions were imposed in 21 cases. In some instances, more than one sanction was imposed on the Doctor (for example, censure and conditions).

In 2025, the Council dealt with a further 26 FTP related matters at its regulatory meetings.

Monitoring

The Medical Council's new Monitoring Unit was only established in 2024 to further enable the Medical Council to oversee doctors with restrictions on their registration and help them achieve compliance. Since then, doctors referred to monitoring are now assigned a dedicated Case Officer.

In 2025 the new unit focused on several key areas, including:

- Implementing risk profile criteria across all monitoring cases to ensure that the level of monitoring is proportionate to the associated risk.
- Ensuring conditions and undertakings attached to doctors' registration addressed the identified issue, are clear, workable, and capable of being monitored.
- Further developing standard operating procedures, interface protocols with other sections of the Council, guidance documents, templates, and monitoring plans for practitioners to strengthen the Medical Council's ability to protect the public while supporting registrants with restrictions on their practise.
- Preparing for the commencement of the Regulated Professions (Health and Social Care) (Amendment) Act 2020 which included new legislative provisions for the Preliminary Proceedings Committee to accept undertakings, which will have implications for the Monitoring Unit going forward.

The Monitoring Unit is supported and advised by a Monitoring Committee, which includes three medical practitioners and three non-medical members. The Committee held five meetings in 2025.

By the end of the year, 113 doctors were under monitoring. 15 doctors had their restrictions removed during 2025.

1. The sanctions imposed by the Council in 2025 include outcomes from cases that were heard before the FTPC in 2024.

Performance Assessment

Performance Assessment is a Professional Competence Scheme that is 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 involves the assessment of a doctor's knowledge and skills, or their application of knowledge and skills, or both, to determine if they are meeting the reasonable standard that would be expected of a practitioner practising the same type of medicine.

Performance Assessment 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 2025, 39 Performance Assessment cases were managed, including 12 new referrals. Nine doctors exited the performance assessment process 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 in 2025.

This included a review of the Performance Assessment model, with the aim of improving the efficiency and effectiveness of the process. A sub-group including members of the Executive and the Registration and Continuing Practice Committee was formed to progress this work. The following work was carried out under the oversight of the sub-group:

- A detailed review of the existing Performance Assessment caseload to determine the optimal case resolution strategy for each case.
- A critical analysis of the last ten fully completed Performance Assessments to evaluate how effectively the process addressed the initial concerns, which assessment activities were most useful, and what could have been done differently to achieve the same or better outcomes more efficiently and proportionately.
- A regulatory comparison exercise, including both national and international regulators, to identify good practices we can learn from. This included meetings with the General Medical Council in the United Kingdom, including a learning visit to observe their Performance Assessment process in November 2025.
- A review of the external legal advice provided when Performance Assessment was first established, as well as the recent legislative amendments, including the broader complaint resolution options they introduce.
- Feedback sessions with Performance Assessors and Case Officers to gather their perspectives on how the process could be improved. Doctors who had been through the Performance Assessment process were also contacted and invited to provide their feedback.

The above activities assisted the team to meet the Medical Council's objective of listening and proactively engaging with doctors, the public and its stakeholders to ensure greater understanding, foster collaboration and develop stronger partnerships.

Following the review of the Performance Assessment model new Referral Criteria for referring Committees were produced and recommendations on proportionate allocation of activities when directing case plans were developed assisting the Medical Council to achieve the objective of continuing to develop an enhanced Right-Touch and effective regulatory model across the life cycle of a doctor

Health Committee

The Health Committee's primary role is to monitor and support medical practitioners experiencing a "relevant medical disability" to maintain their registration. "Relevant medical disability" is defined in section 2 of the 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. During 2023, such medical practitioners came 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 Health Committee reports to the Council.

Seven plenary meetings of the Health Committee took place in 2025 in addition to 97 individual review sessions. During individual review sessions, two Committee members discuss with the medical practitioner 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. A review session between the two members of the Committee and the individual medical practitioners typically last about one hour. As of 31 December 2025, a total of 57 medical practitioners were being actively supported by the Health Committee.



Our Vision is to be a professional regulator in which members of the public and doctors have confidence, to carry out our statutory functions fairly, efficiently, and with compassion



Education, AI & Innovation – *Safe Training Produces Safe Doctors*

Education and training oversight protects patients by ensuring trainees and interns learn in environments that are safe, well-supervised, and aligned with high-quality clinical practice.

Education and Training

2025 was another exceptionally busy year for the Education and Training (E&T) team. Over the course of the year, the team completed 12 programme accreditations/inspections and carried out four Anatomy Inspections. In addition, the monitoring function reviewed 86 qualitative and 96 quantitative submissions across undergraduate, intern, and postgraduate training programmes. Several ongoing and newly emerging projects were on the Education and Training team's agenda for 2025. These included the National Graduate Outcomes (NGO) project, the Governance of the Intern Year (GIY) project, the Human Tissue Act (HTA), and the Your Training Counts Survey. In addition, work continued on both the Maintenance of Professional Competence Framework and the CPD Accreditation Framework.

The Professional Development function was renamed the Education and Training (E&T) function in November 2025, resulting in updated job titles across the team. The former Head of Professional Development became the Head of Education and Training; Professional Development Managers transitioned to Quality Assurance Managers; and Professional Development Executives became Quality Assurance Executives. The Education and Training (E&T) team currently comprises 13 staff members.

Key updates for the E&T function are outlined below:

National Graduate Outcomes Project

The National Graduate Outcomes (NGO) Project aims to develop a set of national graduate outcome criteria for medicine programmes in Ireland. These outcomes define the minimum core set of competencies or knowledge skills and attitudes to be achieved by graduates of Irish medical schools for entry to internship.

To date, the project has produced a report summarising examples of good practice from other jurisdictions and outlining regulatory and legislative challenges within the Irish context.

Stakeholder engagement forms a core element of this project. Consultation with stakeholders commenced in September 2025. To date, engagement has been completed with medical schools and intern networks alongside the HSE's National Doctors Training and Planning team. Current consultations are focusing on student, intern, and patient representatives. Project deliverables expected in the summer of 2026 include a set of National Graduate Outcomes and accompanying assessment framework.

Human Tissue Act

The Medical Council is the licensing authority for the practise of Anatomy in the State in accordance with the Anatomy Act 1832 as outlined in Section 106 of the Medical Practitioners Act (MPA) 2007 as amended. Preparations are underway to commence the Human Tissue Act which will replace the Anatomy Act 1832.

The Human Tissue Act will detail additional Medical Council responsibilities specifically in the areas of anatomical examination, medical education and training, and public display. A Code of Practice detailing stakeholder responsibilities is currently being developed with the intention to go out for consultation early in 2026.

Governance of the Intern Year Project

The Irish Medical Schools Council (IMSC) were tasked to develop a proposal that outlines a single, independent body with overall accountability and responsibility for the operations and governance of intern training in Ireland.



An updated proposal was submitted to the Medical Council in September 2025. Subsequent communications with the department, required a policy decision to be made prior to proceeding. Further update on funding and next steps is anticipated to be discussed in early 2026.

Your Training Counts Survey

The Executive has led the project team (composed of members of Education & Training, the Head of Research, Research Manager and Regulatory Standards Executive) in a comprehensive review of the draft survey. All questions map to the new standards and guidelines for medical education and training. The team has focused on the clarity and relevance of each question in the context of our regulatory responsibilities. This has included identifying and eliminating duplication, ensuring consistency in terminology, and refining the phrasing to align with our objectives. In developing the questionnaire, we have drawn on a range of supporting materials, including the new Medical Council standards and guidelines, Annual Returns Application Form (ARAF), National Doctors Training and Planning (NDTP) documentation, General Medical Council (GMC) resources, and other relevant survey instruments. Following stakeholder engagement and Education and Training Committee (ETC) approval it is hoped for the survey to be launched by April 2026.

Professional Competence

Maintenance of Professional Competence Framework

The new Maintenance of Professional Competence (MPC) Framework came into effect on the 1st of May 2025. 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.

Under this framework, all doctors are required to enroll in a professional competence scheme within 60 days of registering with the Medical Council.

Continuing Professional Development Accreditation Model

The Continuing Professional Development (CPD) Accreditation Framework, which sets out the criteria and standards organisations must meet to be recognised as accredited providers of CPD, moved from development to operational delivery in 2025. Historically, the postgraduate training bodies (PGTBs) were the only recognised providers of CPD. Under the Arrangements signed in April 2024, the PGTBs were granted grandfathered status, subject to demonstrating compliance with the new Framework.

Throughout 2024 and into 2025, all PGTBs engaged in the full review process and, seven have now completed all steps required for accreditation. As part of the implementation phase, each training body was required to submit a full application documenting their organisation and a representative sample of CPD activities. These submissions were reviewed by Accreditation Advisory Volunteer Panel (AAVP) assessors, who evaluated the documentation against the Medical Council's criteria and standards.

Following the desk-based review and pre-meeting discussions, CPD Accreditation Interviews were scheduled with each training body.

In 2025 the new process for the accreditation of CPD providers was fully implemented. Interviews were completed by 10 December 2025.

Anatomy

The Medical Council is the licensing authority for the practice of anatomy in the State. In 2025, 119 donations were made through the donor programmes at the five anatomy schools in Ireland. The anatomical donations for 2025 can be found in the below table.

Anatomy Department	Anatomical Donations Received in 2025
Royal College of Surgeons in Ireland	49
University College Cork	14
University College Dublin	18
University of Galway	26
Trinity College Dublin	12
Total	119

Research and Data Insights

Research and Data Insights

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

Medical Workforce Intelligence Reports

Data held on the Medical Council's Register provides valid and robust insight into the medical workforce in Ireland. The Research Team prepared the 2024 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 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 2024 there were 20,962 clinically active doctors working in Ireland. 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.

For the first time in 2024, new datapoints were collected on the medical workforce. Doctors were asked about their views of patient care and safety, and how many hours they spent in direct patient

care, which in some cases when compared to overall hours worked, can provide insight into time spent on administrative and non-core tasks. Doctors identified barriers to the provision of good patient care as including pressure on workloads and time spent on bureaucracy.

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.

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.

Stakeholder Engagement

The Research Team undertook significant engagement with external stakeholders with a view to exploring and researching the General Division of the Register. In-depth exploratory analyses of our existing data on the General Division were undertaken, in the form of in-depth workforce reports explaining the complexity and heterogeneity of doctors on the General Division.

These exploratory analyses have been important preliminary steps to gaining clarity and understanding of a division of the Register that has developed in a largely extemporaneous and unplanned way. This research will continue into 2026 and will include a number of workstreams and specific research-related activities.

Our workforce data was presented at numerous conferences by the Research Team, CEO and Council President, including the 16th International Conference on Medical Regulation (IAMRA). The Research Team responded to more than 50 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, Strategic Workforce Planning Unit, NDTP, Royal College of Surgeons in Ireland (RCSI), Irish College of GPs (ICGP) and Central Statistics Office (CSO).

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 2025. 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.

Artificial Intelligence

2025 marked a significant milestone for the Medical Council in its engagement with artificial intelligence. In Q4, the Council established a new Education, Innovation and AI Directorate, reflecting the growing importance of AI across professional regulation and the Council's commitment to leading this agenda.

In October 2025, the Council published a position statement on the use of artificial intelligence by medical professionals. The statement recognises the significant potential AI holds for medicine while making clear that its integration into clinical settings must be underpinned by a doctor's commitment to patient safety, professional integrity, and public trust. It sets out the core values and considerations that should guide doctors in the responsible use of AI, spanning areas including professional accountability and clinical judgment, transparency and shared decision-making, equity and the prevention of bias, data protection and information security, and education and continuous professional development. The position statement is intended to be read alongside the Guide to Professional Conduct and Ethics for Registered Medical Practitioners and will be periodically reviewed as AI technology and the regulatory landscape continue to evolve.

Also, in Q4, work commenced on domestic and international stakeholder engagement to identify global best practice in the application of AI within professional regulation, with a particular focus on healthcare. This work has begun to inform how the Council might scope and design a framework to support not only its own use of AI, but also to provide greater clarity and support to doctors and those operating in this space. At an international level, the Medical Council took on the role of Chair of the Council for Licensure, Enforcement and Regulation (CLEAR) AI Working Group, a body bringing together professional regulators from across the globe and supported the drafting of CLEAR's principles-based approach to the use of artificial intelligence in regulation. In addition, the Medical Council is also a member of Expert Member of the World Health Organization Expert Working Group on Regulatory Considerations of AI for Health and has actively contributed to the development in international training modules and country assessments.

Looking ahead to 2026, the Medical Council will continue to progress this work, with a focus on further scoping and designing an AI framework that reflects both organisational needs and the wider regulatory environment. The Council will also look to align its approach with the Government's upcoming Digital and AI Strategy and the forthcoming AI for Care Strategy, ensuring that its work contributes to and is informed by national ambitions for the use of AI in healthcare.

Liaison and Support Services

Liaison and Support Services

In 2025, Liaison and Support Services continued to strengthen its role as an important point of contact and support for doctors, the public and wider stakeholders. During the first half of the year, the service maintained strong levels of engagement, with call volumes averaging approximately 1,200 per month in the opening months of the year and an answer rate of 89%. This reflected the growing importance of the service in providing accessible, responsive and compassionate communication across the organisation.

The team also managed a high volume of registration-related queries, including requests for updates on applications, assistance with registration requirements, and clarification on documentation and timelines. A notable proportion of callers made repeat contact, underlining both the complexity of these processes and the value of having a dedicated service to provide guidance, reassurance and practical support.

Annual Retention Period

The Annual Retention Period was again one of the busiest and most important periods of the year for Liaison and Support Services. From the end of May onwards, demand increased significantly in advance of the registration and annual retention cycle, with calls rising from 1,659 in May to 2,358 in June, the highest monthly volume recorded during the year. Volumes remained high in July, with a further 1,894 calls received.

This sustained level of activity highlighted the central role of the service in supporting service users through periods of peak demand. By managing very high volumes of contact over a sustained period, and by providing clear information, practical guidance and a supportive approach, the team helped to ensure a more accessible and reassuring experience for doctors engaging with the Council.

We are dedicated to supporting a professional environment that enhances public protection and supports the continuous professional growth and wellbeing of doctors.



Support Services and Resourcing

As organisational priorities evolved during the year, a significant focus in the latter half of 2025 was the restructuring of the function to support wider operational needs and future service development. In July 2025, the Support Services team transitioned into the Registration Department to support registration activity.

This created an opportunity to align support more closely with registration processes and strengthen service delivery in an area of sustained and increasing demand.

These developments reflect a responsive and strategic approach to service delivery, while also recognising the significant level of activity managed by the department throughout the year. They provide a strong basis for Support Services to continue to develop within Registration, while also enabling the development of a dedicated Liaison function focused on communication and support for those engaging with regulatory processes.

Alongside this restructuring, responsibility for the C&I phone lines transferred back to the Complaints Department in July.

CAREhub

CAREhub continued to develop positively during 2025 and proved to be a valuable support service for those engaging with regulatory processes. During its first pilot year, the service saw strong and meaningful engagement across both counselling and online support, demonstrating clear evidence of need and benefit for service users.

In light of this positive uptake, a decision was made to continue CAREhub for a further two-year period in partnership with Lyra. The organisation will continue to actively signpost doctors and complainants to the service, helping to ensure that those navigating challenging or stressful regulatory experiences are aware of the emotional and wellbeing supports available to them.

The continued development of CAREhub reflects the Council's commitment to embedding compassion in practice through practical, timely and supportive interventions for those engaging with its processes.

Compassion in Regulation Forum

The Compassion in Regulation Forum remained a positive and important development during 2025. The forum continued to provide a valuable space for shared learning, discussion and collaboration across regulatory bodies, with a strong focus on promoting compassionate approaches to regulation.

Membership continued to grow during the year, reflecting increasing recognition of the value of compassion, collaboration and stakeholder-centred practice across the regulatory sector. By year end, membership had expanded to 33 representatives from 17 regulatory bodies worldwide, demonstrating growing international engagement and a shared commitment to learning and collaboration.

The continued growth of the forum is of significant value to the Medical Council, supporting the exchange of insight and good practice while reinforcing the Council's leadership in advancing compassionate regulation.

Looking Ahead

Looking ahead to 2026, the focus will be on developing the new Liaison function and strengthening support for individuals engaging with the Council's regulatory processes. In particular, this will involve enhancing communication and information for those going through complaints, investigations and fitness to practise processes.

This next phase of development will support continued service improvement, stronger stakeholder engagement, and a more compassionate and accessible experience for doctors, complainants and members of the public.

Strategic and Corporate Affairs

Regulatory Policy

In 2025, the Medical Council continued to strengthen its regulatory framework to support the highest standards of patient safety, professional accountability, and transparency in the practice of medicine in Ireland. Several regulatory policies were published during the year providing guidance on issues in the public interest.

Unregistered Practice Policy

In 2025, the Council developed its Unregistered Practice Policy, reaffirming its commitment to ensuring that only registered doctors engage in the practice of medicine in this jurisdiction.

The policy sets out the Council's approach to identifying and managing instances of unregistered medical practice. It clarifies the doctor's responsibilities to comply with requirements relating to annual registration and professional indemnity.

Where instances of unregistered practice are identified, the Council may take appropriate regulatory action. This work supports public confidence in the medical profession and ensures that patient safety remains paramount.

Position Statement on the Prescribing and Administration of Botox

A position statement on the prescribing and administration of botulinum toxin (Botox) was published, providing clarity on the professional responsibilities of doctors in this area. The statement emphasises that prescribing must be based on appropriate clinical judgement and patient assessment and highlights the importance of patient safety and informed consent. It also stresses the need for doctors to ensure that any delegation of administration is clinically appropriate and carried out under adequate supervision.

This work reflects the Council's commitment to provide clarity on emerging professional practice issues, ensuring that regulatory standards remain clear, relevant, and centred on patient protection.

Fit and Proper Policy

The Medical Council published a Fit and Proper Policy, strengthening the framework underpinning the registration process. The policy requires applicants to provide accurate information in response to mandatory declarations relating to their health, character, and competence, to enable assessment of their ability to practise medicine safely.

The policy provides that disclosures may be subject to further assessment. It also clarifies that failure to provide full and accurate information, where later identified, may result in regulatory action, including removal from the Register.

This work supports a consistent and transparent approach to decision-making and ensures that individuals admitted to the Register are fit and proper to practise medicine, with appropriate safeguards in place where risks are identified.

Position Statement on Artificial Intelligence in Medicine

In recognition of the growing role of technology in healthcare, the Council published a principle-based position statement on the use of artificial intelligence (AI) in clinical decision-making.

The statement emphasises that AI should support, rather than replace, clinical judgement. Doctors remain accountable for decisions affecting patient care and must ensure that any AI tools used are safe, evidence-based, and appropriate to the clinical context.

The Council's approach highlights key principles including transparency, patient-centred care, accountability, and the ethical use of technology. This work ensures that innovation in healthcare is aligned with professional standards and public trust.

Support for Other Directorates and Projects

The regulatory policy unit undertook research on the following topics to inform the development of policy and guidelines to support the implementation of legislative amendments, through a regulatory policy lens and the adoption of right touch regulation.



This included:

- A deep dive into the general division of the Register, to better understand the qualifications, experience and scope of practice of the Non-Consultant Hospital Doctors (NCHDs) and to explore how the Medical Council could assist with implementing the recommendations identified in the National NCHD Taskforce report.
- Exploring the legislative provisions and international regulatory approaches, as well as initial analysis to inform the development of an appropriate and proportionate recency of practice framework. The policy will be published in 2026.
- Horizon scanning to inform the Council's continued focus on an evolving regulatory landscape and a commitment to responsive, proportionate, and patient-centred regulation. Examples of related work include a briefing paper on the introduction of Regional Health Areas highlighting opportunities for working together to address systemic and professional practice concerns.
- Providing policy input and research to support the development of; a human tissues policy, sodium valproate inquiry reporting, and management of voluntary withdrawals from the Register.

Contextual Alignment with 2024 Work

This work builds on the significant progress made in 2024, where the Regulatory Policy Unit strengthened its role in coordinating regulatory policy, developing position statements, and enhancing transparency in regulatory processes.

Information Governance

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 via the:

- General Data Protection Regulation 2016/679 (the 'GDPR'), the Data Protection Act 2018 and the Freedom of Information Act 2014.
- European Union (Open Data and Re-use of Public Sector Information) Regulations 2021 (the Open Data Regulations).
- other regulators, third parties and An Garda Síochána.

As outlined in Appendix D, numbers of requests received during 2025 have increased in some areas but remain relatively constant in comparison to 2024. Similar to 2024, adherence to statutory timelines for the processing and management of these matters remains high.

Data Subject Access Requests

Subject Access Requests increased by 73% in comparison to 2024 and the complexity of such requests have continued to increase.

Freedom of Information

Freedom of Information requests decreased by 9% in 2025 versus 2024 and, similar to the nature of the Data Subject Access Requests, these were complex and voluminous at times. The Medical Council continuously strives to promote transparency and openness in the release of records with further detail provided in Appendix D.

The Information Governance team delivers training to the Executive, Council and committees of the Medical Council which address emerging information governance issues, incorporating guidance from the Data Protection Commission and the Office of the Information Commissioner. The team has overarching responsibility to ensure the Medical Council's continued compliance with information governance requirements.

This is delivered by acting as an expert source of advice to colleagues on information governance issues to ensure all policies, procedures, research, and proposals involving the processing of personal data are compliant with Information Governance requirements.

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 2025, the Council Governance Team organised and managed:

- 14 scheduled Regulatory Council meetings,
- 6 Governance Council meetings,
- 45 Extraordinary Council Meetings (includes meetings held by the circulation of papers.

This amounted to upwards of 65 meeting days in 2025, an increase of 25 meetings from the previous year. These meetings varied between half days and full days.

Appointments – 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.

The Governance Team launched a recruitment process for new members as follows:

- Preliminary Proceedings Committee in March 2025 and August 2025
- Health Committee in March 2025.

In December 2025, the Council Governance Team launched a recruitment process to establish a new Section 60 Committee and supported the appointment of Council members and external members to this Committee. The Council delegated certain functions and powers under its legislation to the Section 60 Committee. The main function of the Committee is to decide whether to apply to the High Court to suspend the registration of a medical practitioner to protect the public or to accept an undertaking from or on behalf of a registered medical practitioner in lieu of applying to the High Court if this is sufficient to protect the public until further steps are taken.

The Council Governance team also commenced the planning phase for vacancies arising on Council and its Committees, which arise in May 2026.

Elections

The Governance Team project managed the elections process for the proposed election of three new members to the Medical Council.

- One medical practitioner registered or able to be registered in the Specialist Division in relation to anaesthesia.
- One medical practitioner registered or able to be registered in the Specialist Division in relation to public health medicine.
- One medical practitioner registered or able to be registered in the Specialist Division in relation to pathology or radiology.

A key milestone was the opening of the nominations period for the elections on 15 December 2025. This point in the process invited potential candidates to submit nominations to one of these three positions, if the eligibility criteria was met. All information was available on the medical council website for the nominations and elections process and the associated timelines.

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 its 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 December 2025 to discuss the key learnings from its self-evaluation process.

Training

Training was organised by the Council Governance Team for Council members and was held in June 2025, October 2025 and December 2025.

General Counsel

The General Counsel legal team continued to provide legal support and strategic advice to the Council and Executive in 2025, 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, and advised on matters relating to statutory interpretation, fair procedures, administrative law, information governance law, litigation, contracts and all other day-to-day legal matters that arose. In 2025, the legal team managed a number of contentious matters, including litigation before the High Court.

Registration / Registration Appeals

In 2025, the General Counsel legal team continued to support Registration colleagues in the conduct of matters before the Registration Adjudication Committee and the Registration and Continuing Practice Committee.

Legislation / Policy

In 2025, 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.

Information Governance

The General Counsel legal team also continued to work together with the Information Governance Team to ensure that the Council adhered to obligations under this legislation.

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 and will be progressed in conjunction with the Department in 2026.

Communications and Engagement

The Communications and Engagement function enabled the work of the organisation's core regulatory functions, supporting Registration, Education & Training, Complaints, Investigations and Fitness to Practise throughout 2025. Communications colleagues also developed and executed proactive communications campaigns in support of the Medical Council's Statement of Strategy 2025 – 2028 to deliver on the organisation's purpose of patient safety.

In line with its Statement of Strategy 2025 – 2028, one of the Medical Council's key strategic objectives is to listen and proactively engage with doctors, the public and our stakeholders in order to ensure a greater understanding of the role of the Medical Council and to foster collaboration and to develop stronger partnerships.

The Medical Council aims to achieve this strategic objective by:

- Engaging meaningfully with stakeholders including other regulatory agencies to gain and share insights and further strengthen our relationships.
- Using its regulatory voice to raise patient safety risks identified through its processes.
- Continuing to forge relationships and strategic partnerships with national and international organisations to drive innovation and best practice in medical regulation.

In 2025, the Medical Council saw its media coverage increase by 57% compared with 2024, with regional broadcast being the largest driver. The Communications team issued 24 press releases to media, as well as 37 Fitness to Practise inquiry notices, in the form of calendar updates, to media.

In 2025, the Digital Communications team delivered improvements across the Medical Council's website including user content optimisations, website accessibility updates and user experience improvements. The Medical Council website reported 1.2 million web visits (+9% vs 2024).

The Digital Communications team also produced several Plain English blogs in 2025, focusing on key Medical Council topics including Performance Assessment, Research, Maintenance of Professional Competence, and Annual Retention. In addition, the Communications function partnered with Directorates to launch public consultations and highlight changes to legislation.



Six stakeholder newsletters were issued by the Digital Communications team to its database of over 35,000 doctors and stakeholders throughout the year. Newsletters provided updates on a range of Medical Council initiatives spanning Registration, Education & Training, Policy & Regulatory Updates, Research & Reports and more. The emails generated over 7,000 link clicks, driving traffic to website, blogs, press releases and reports.

The Digital Communications team published over 600 posts across social media channels including Facebook, LinkedIn, Instagram & Twitter. Posts provided timely updates and information on a variety of Medical Council initiatives, reaching an audience of over 250,000 throughout the year.

The Communications & Engagement team launched its refreshed brand in January 2025, which consisted of a new logo, accompanying brand guidelines, templates, and design principles. The refreshed brand has been tested extensively for accessibility and optimised for web use. Prior to this, the Medical Council's brand was last updated in 2011.

Stakeholder Engagement

The Medical Council utilises speaking engagements as an opportunity to promote its regulatory guidance for doctors and stakeholders on new policies, initiatives, legislation and technologies in healthcare. Such engagements allow for Council and Executive Leadership visibility outside of the Medical Council.

During 2025, the Executive liaised with the Council's stakeholder organisations to seek out opportunities to engage with and to speak on matters of importance that sought to positively impact patient safety while helping to build trust, gather valuable insights, and foster collaboration.

The President, Vice-President, CEO and members of the Executive Leadership Team and Heads of Function participated in 27 speaking engagements over the course of 2025. Invitations to speak were received from Postgraduate Training Bodies, Hospital Groups, Universities and Representative Bodies. The themes of presentations delivered were broad and varied and covered topics such as the Role of the Medical Council, the Council's processes and outcomes, the obligations on the Medical Profession from a regulatory perspective, Overview of Professionalism, The Ethical Guide, Compassionate Regulation, the changes to the complaints process and Workforce Intelligence analysis.

In addition, the Communications and Engagement Function received numerous queries from the Department of Health (including the Professional Regulation Unit) and members of the Houses of the

Oireachtas. The queries raised and responses to such queries affords the Executive the opportunity to highlight emerging trends and to influence regulatory change where necessary, support our doctors and enhance patient safety. In 2025, the Communications team responded to:

- 2 Leaders Questions
- 40 Parliamentary Questions
- 67 Ministerial Representations
- 28 Direct submissions by members of the Oireachtas
- 41 Miscellaneous requests from the Dept

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.

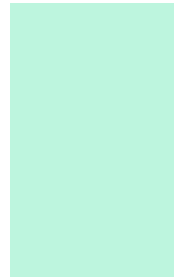
16th International Conference on Medical Regulation 2025

The Communications and Engagement team managed and coordinated the 16th International Conference on Medical Regulation from 3rd – 6th September 2025. This conference was the result of over two years' work with the International Association of Medical Regulatory Authorities (IAMRA). The conference welcomed 460 international delegates from 37 countries and consisted of four days of global debate and knowledge-sharing on the future of medical regulation.

Hearing from Leo Varadkar, former Taoiseach; Dr Austin O'Carroll, GP from inner-city Dublin, Lord Mayor of Dublin, Councillor Ray McAdam; Prof Dame Carrie MacEwen, Chair, General Medical Council; Prof Raymond Chua, CEO Health Sciences Authority, Singapore; among other esteemed delegates; speakers addressed the most pressing issues facing medical regulation today.

Delegates explored how regulation can be more compassionate in response to patients and the medical profession, how data is essential in informing the future of regulatory developments, including advancements in AI; and growing challenges facing a global health workforce.

The Medical Council also hosted a preconference workshop in Kingram House for regulators from low to middle income countries on the World Health Organization's guidance on health practitioner regulation into action.



The Medical Council was honoured to host over 400 delegates at the 16th International Conference on Medical Regulation. Centred on the theme of ‘People-focused regulation for a safer global community’, the event, which took place in September, saw representatives from 37 countries attend keynote speeches, workshops, and debates on the future of medical regulation.



Finance and Corporate Services

Information and Communications Technology

The IT team has delivered significant progress across all functional areas throughout 2025, successfully closing out a number of long-term projects while commencing important new initiatives. The following summarises the key achievements across the year.

End User Services

Q2 saw the completion of a long-running project and the delivery of a high-quality, consistent audio-visual solution across all in-scope meeting spaces in Kingram House providing the ability to facilitate the full range of internal, regulatory, governance and hybrid business meetings throughout the year.

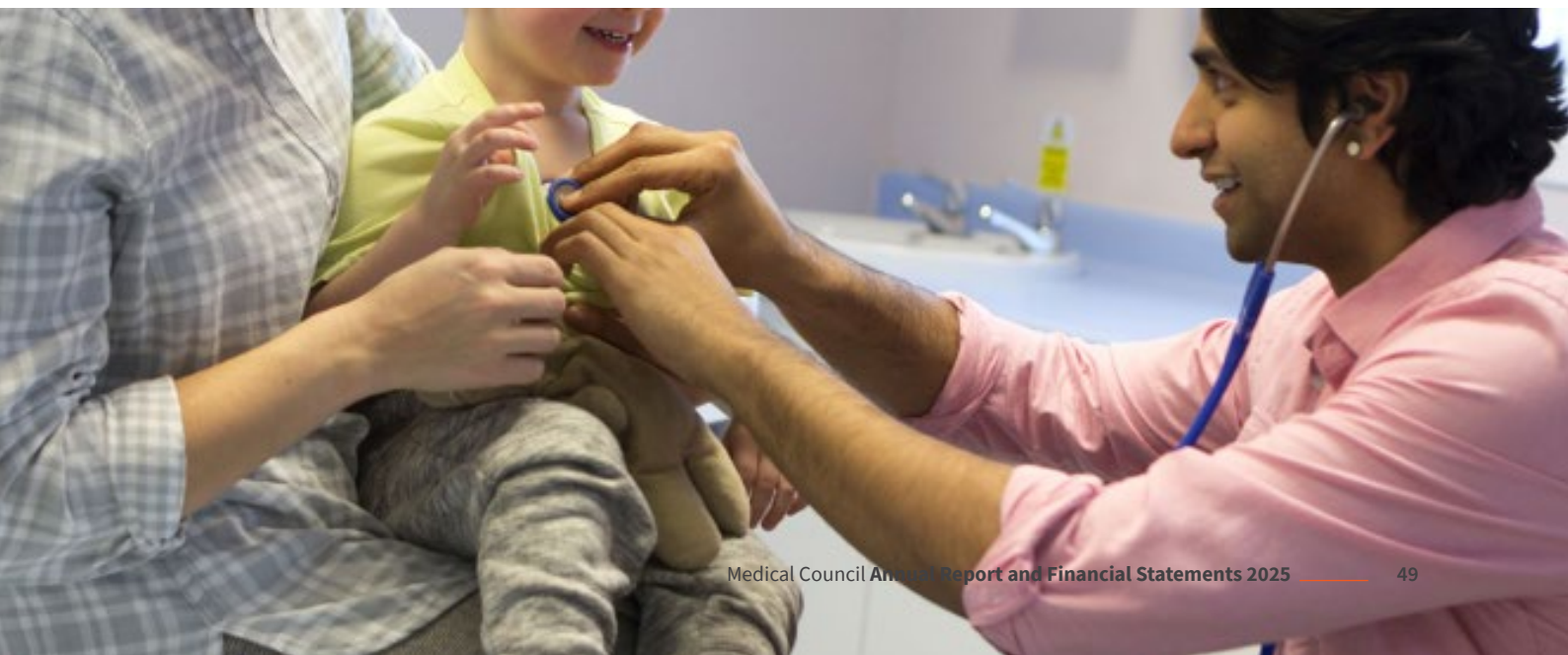
In accordance with our hardware refresh policy, all 2020 laptops were refreshed in the first half of the year — a significant body of work involving the procurement, build, configuration and handover of 30+ devices. The refresh of 2021 laptops commenced in Q3 and continued through Q4, with over 50% complete by year-end and on course for completion before the close of 2025. In addition, work has commenced to refresh our mobile phone devices in accordance with our refresh policy, having identified the most cost-effective mechanism to do this.

ServiceHub, our new Service Management platform, was successfully launched in Q2, initially incorporating the IT service catalogue and IT support services. Phase 2 commenced in Q3 and into Q4 incorporating the addition of the Communications service catalogue, and work has commenced on the build out of our new operational asset management process, technology change approval process and knowledge base within the platform. This represents the culmination of a two-year project and will, as further phases are rolled out, streamline back-office processes across all functions.

Core Applications

A number of change requests and updates were delivered to our PRISM registration system, beginning with Annual retention process changes delivered on-schedule in May, and continuing with the delivery of a number of additional functionalities including changes to the EPIC API to facilitate a smooth migration to a new environment, updates to how suspended doctors are displayed on the public portal, an enhancement for UK intern applications, and a more secure transmission of daily registration data to HSE systems throughout Q3.

A significant enhancement to the first-time application process was completed in Q4, requiring all mandatory supporting documentation to be uploaded prior to submission. Development was completed and User Acceptance Testing progressed ahead of deployment in early December, with this change expected to meaningfully reduce processing times for first-time applicants.



Systems & Infrastructure

The migration of the MC Connect Intranet to SharePoint Online, alongside a comprehensive redesign and restructure of cloud storage areas across the organisation, was successfully completed in Q3. This was a significant piece of work spanning almost 12 months, which has substantially reduced risk, improved security and integrity of filing systems, and aligned permissions with the new organisational structure.

The vast majority of Zoom accounts were migrated to MS Teams during Q2, providing a more native experience within our Microsoft environment, additional functionality, and a more cost-effective solution.

Cyber Security & NIS2 Compliance

Significant and sustained progress has been made on our NIS2 compliance journey throughout 2025. A new Incident Response Policy was drafted in Q2, followed by the development of a comprehensive incident response plan and a suite of step-by-step playbooks across Q3 and Q4.

A major two-stage procurement process for a new Cyber Security partner was progressed through the year, with Stage 1 completed successfully in Q3 — attracting 20 respondents, many of high quality. Five respondents have been selected to proceed to Stage two commencing in Q4.

Significant progress was made in configuring our internal logging and alerting systems, integrating enhanced toolsets implemented over the past 18 months to provide greater visibility and threat detection & response capability than the organisation has previously had.

Work on our Disaster Recovery and Business Continuity (BCDR) solution progressed across Q3 and Q4, with an extensive current state readiness assessment completed and prioritised action plan produced. In the short term, a series of incident response procedures have been documented to guide recovery across a range of scenarios, while more comprehensive BCDR measures are planned.

Governance & Strategy

An AI Usage Policy was drafted and approved by the ELT during Q3. This policy establishes a request and risk-based assessment mechanism for approving the use of AI tools and applications on a case-by-case basis, taking account of national and EU legislative requirements. Work is ongoing to operationalise the assessment mechanism and begin the controlled introduction of AI tools to Medical Council.

Significant progress was made in Q3 and Q4 on the project to develop our Digital and Data Strategies. Governance structures were established, procurement of third-party assistance was completed, and the project was formally launched in Q4. The first phase delivered a comprehensive current state maturity assessment of Medical Council digital and data capabilities and involved widespread engagement with staff and stakeholders to capture a broad range of insights. Phase 2 planning was also completed, to be completed in Q1 2026 which outlines our target state and a roadmap which will guide our transformation programme.

Facilities

Building Management

Following completion of an ASHRAE Level 2 Energy Audit, heating/ cooling discrepancies impacting on building performance were identified. An approach to investigation and testing was agreed in Q4 2025. A project to remediate the known emerging issues will be carried out over the course of 2026.

Over the course of 2025, a programme of works took place including:

- Completion of historical works to listed building and protected external features.
- Repairs to Atrium Roof.
- Installation of new bicycle parking.
- Sewer gas remediations.
- Commencement of Fire Stopping to critical access/ egress routes (Phase I close out in January 2026).
- Advice on delivery of AV Project with management and oversight of related building elements.
- A full review of building security systems, with mitigations to strengthen and upgrade external entry points were implemented.

The Head of Facilities continued to manage leases and licence agreements with ongoing Landlord Engagement throughout 2025.

Facilities Management

The Facilities Team continued to facilitate in-house meetings including those for Council, Fitness to Practise inquiries and Inductions, with specialist interest groups and publication launches including IAMRA and the Launch of the Workforce Intelligence Report.

Delivery of wider operational supports continued throughout 2025 with activity levels on par with 2024.

A comprehensive Facilities Management contract was signed in Q1 2025 with engagement and onboarding from March. This contract will continue to streamline over 30 supply and service types under one supplier including Security, Cleaning, Maintenance, Waste Management.

The Front of House role moved back to Facilities in November 2025 bringing additional resources to delivery of the Facilities-led support services, including those relating to meeting and event facilitation.

Health & Safety

The Medical Council's Health & Safety Officers continued to manage and mitigate risk where feasible to do so over the course of 2025.

Key activities of note include:

- A Quality Safety Health and Environmental Compliance Audit was completed in 2025. Key recommendations will continue to be addressed in 2026.
- Health and Safety Risk Assessments were reviewed and updated with emerging risks captured and controls implemented where reasonable to do so.
- Risks associated with the Medical Council's bicycle parking area were addressed in December 2025 with additional, secure parking installed for cyclists.
- Following completion of a Fire Stopping Survey a schedule for remedial works was agreed in December 2025 to be carried out in two phases commencing January 2026.
- The annual review of the Medical Council's Safety Statement was carried out with the addition of a new Grey Fleet Policy for approval and implementation in 2026.
- Learning and Development programmes including Manual Handling, First Aid and Fire Warden were rolled out over the course of 2025. A new Managing Safely programme to embed awareness of Director and Management responsibilities and liabilities

for managing staff under the Safety Health and Welfare at Work Act 2005 was conducted in November 2025.

- 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. Overall volume of specialty risk assessments decreased slightly on 2024 values, however an increase for those requiring reasonable accommodations was noted including but not limited to areas relating to AuDHD.
- No accidents or incidents were reported in 2025.
- 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.
- A 53.8% increase on 2024 health and safety activity was reported in 2025.

Climate Action & Sustainability (incl. ESG)

The Council's Energy Performance Officer (EPO) continued to actively manage energy consumption and emissions, and to drive delivery of key Climate Action and Sustainability objectives over the course of 2025.

These included:

- With approval of the Medical Council's Climate Action Roadmap in April 2025, commencement of project mapping and planning for delivery of key projects continued to progress. These will be further developed in 2026.
- In line with Section 2.1 of the Climate Action Mandate, the Green Team was re-established and trained. Further Climate action leadership training was delivered to the Executive Leadership Team in February 2025.
- Completion of ASHRAE Level 2 Energy Audit with recommendations informing delivery of key 2026 Project for remediation of building, energy performance and energy management strategy.
- Following application for the Smarter Travel Mark, recommendations for improvement continue to be applied prior to resubmission in 2026 including publication of sustainable and active travel options on our internal and external web pages.

- A Waste Audit carried out with improvements implemented resulting in a month-on-month reduction in general waste volumes.

Further development of the Gap to Target model was undertaken in 2025. Whilst electricity consumption is expected to increase following implementation of building system remediations in 2026, with enhanced reliance on heat pump over gas boosted heating, implementation of wider building and Mandate projects is expected to sustain our trajectory to 2030 targets.

SEAI Monitoring & Reporting

SEAI reporting in 2025 (for the 2024 period) was completed by the EPO.

Management of energy consumption reported 78.8% energy efficiency by year end 2024 against the baseline, maintaining our trajectory to 2030. The Fossil/Thermal CO2 target remains on track to 2030 at 10,749kgCO2 below the baseline.

Total energy related CO2 emissions are also on target to 2030, despite an increase of 10% in 2024 with 23.7% reduction required by 2030. A continued focus to maintaining this trajectory will be given to this area in 2026.

The Medical Council continues to perform well within the wider public sector.

Climate Action Mandate

The 2025 Statement of Compliance with the Climate Action Mandate (reported retrospectively for 2024) was completed by the Climate Action & Sustainability Champion, with support from the Medical Council's Environmental Protection Officer (EPO).

Programmes of work outlined in the Climate Action & Sustainability business plan continued to progress over the 2025 period with a particular focus on energy management.

Following completion of an ASHRAE Level 2 audit, comprehensive recommendations focused on building performance improvements, further development of energy management programmes, methods of communication, and enhancements to system data capture were considered for implementation. These recommendations will be further developed and implemented over the course of 2026 to improve performance of building systems, increased energy efficiencies and wider activities to support our commitment to sustainable leadership.

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 2025, the Medical Council commenced implementation of key improvement opportunities.

Mapping and delivery of projects identified in the Climate Action Roadmap commenced including Sustainable Travel, Waste Management, Paper Based Processes, ICT Factors and Greening of Supply Chains. These projects will continue to be progressed in 2026 to support our ongoing commitment to sustainability and emissions reductions to 2030.

Continued implementation of a Learning and Development Strategy with Senior Leadership and Green Team training programmes delivered in 2025.

Delivery of an ASHRAE Level 2 Energy Audit with key energy drivers identified. Recommendations for building performance improvements will form a key project for delivery in 2026.

Building on recommendations arising from the Smarter Travel Mark application, additional secure and accessible bicycle parking was installed in late 2025. With support from our Communications Team, internal website pages to promote sustainable and active travel options were developed with external platforms being developed for publication in 2026.

Building on our 2025 Climate Action and Sustainability business plan, and in alignment with Strategic Objective 13.4, key strategic and operational objectives have been detailed for delivery in 2026 including delivery of the Medical Council's Climate Action Strategy.

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 2025, for 2024 SEAI reporting cycle, the Medical Council maintained its positive trajectory.



Fossil CO₂ emissions

In 2024, fossil CO₂ was 71.7% below the baseline of 52,022 kgCO₂.

2024:

14,742 kgCO₂

2030 target: 25,491 kgCO₂

If fossil CO₂ is maintained at this level for another 6 years, this target will be achieved. No planned energy-saving projects have been reported that will reduce fossil CO₂ in 2030*.



Total CO₂ emissions

In 2024, total CO₂ was 62.2% below the baseline of 190,267 kgCO₂.

2024:

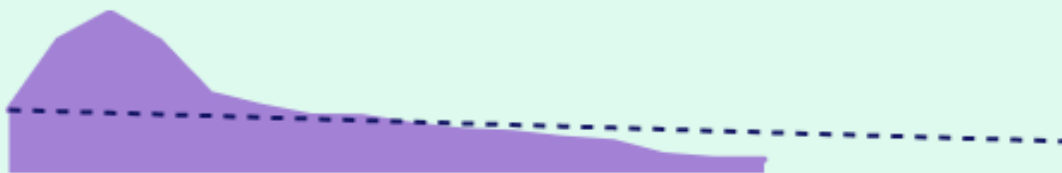
71,929 kgCO₂

2030 target: 54,889 kgCO₂

To achieve this target, total CO₂ must reduce by another 23.7% from 2024 level within 6 years. If planned energy-saving projects are implemented total CO₂ could reduce by 59.1%, by 2030*.

Energy efficiency

By 2024, energy performance had improved by 78.8% since the baseline.



If energy performance is maintained at this level for another 6 years, the efficiency target will be achieved. If planned energy-saving projects are implemented performance could improve by 8.8 percentage points, by 2030*.

Energy Efficiency

The reported 3.15% increase in electricity can be attributed to increased use of the building over a 12-month period following the return to Kingram House, with increased onsite occupancy and the return to front-facing, in-person meetings.

The 79% improvement in energy efficiency since the baseline maintains the Medical Council's trajectory to achieving the 2030 target with a small 2.4% reduction on 2023 data.

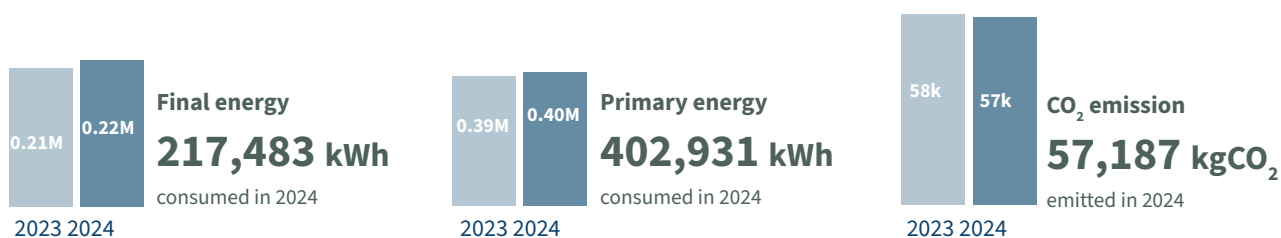
Whilst gas usage increased in 2024 by 35% this can be attributed to increased onsite operations over a full 12-month period and building performance issues identified in the ASHRAE audit.

Additional measures to manage gas consumption will be implemented in 2026 as part of the energy management and building remediation project.

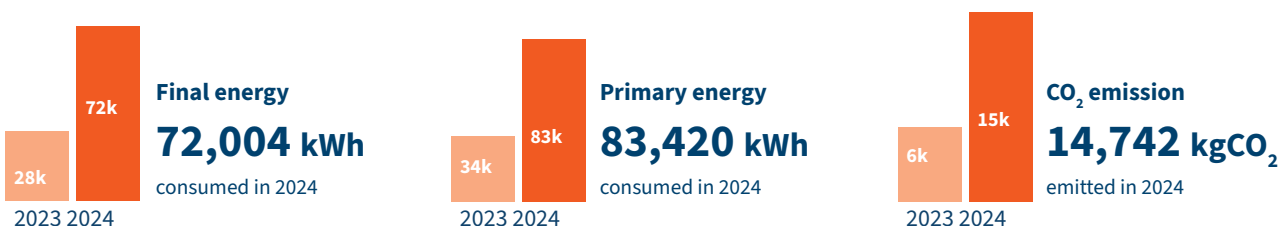
A small reliance on gas will remain to heat the listed element of the Medical Council's offices.

With completion of the refurbishment in 2023 and further projects to raise sustainability awareness, we have achieved our energy efficiency target to 2030. Further work to maintain this progress will continue through training, delivery of initiatives, and championing of wider Climate and Sustainability projects by the Leadership and Green Teams.

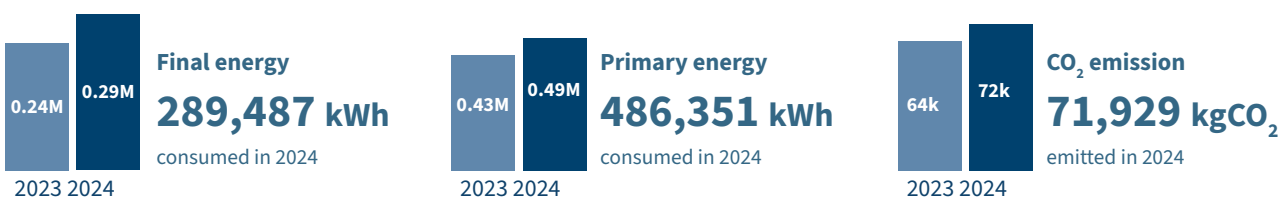
Electricity



Thermal energy



Total Energy



CO₂ Emissions

In 2024, the Medical Council produced 71,929 kgCO₂ of total energy related CO₂ emissions, an increase of 8,381.7 kgCO₂. With an increased gap to target of 10% on 2023 performance, a reduction of 23.7% will now be required to 2030. Energy saving and emissions reduction projects will continue to be developed and implemented to address this shortfall.

We remain on track to have achieved and exceeded the Fossil CO₂ target with 14,742 kgCO₂ emitted in 2024, an increase of 35.03% on 2023 figures which corresponds with 12 months use in 2024 vs the 8.5 months period in 2023.

Transport-related emissions have not yet been included in the data reported through the SEAI's M&R system and any impact will be kept under review in 2026.

A Gap to Target analysis was 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 CO₂ targets total CO₂ targets is encouraging. Renewed focus on key energy management and building performance projects to address the gap to target, to build compliance within an environmentally conscious organisation, and to embed a sustainability culture across the organisation, will continue in 2026.

The key strategic objective in the 2025 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.

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 (ELT) and the Finance Advisory Committee (FAC) to ensure the Council was fully informed throughout the year.

Finance provide the secretaries for two of the Committees, the Audit and Risk Committee (ARC) and the Finance Advisory Committee (FAC). 2025 was the first year of operational existence of the FAC.

The key strategic objective in the 2025 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 2025 were supporting key strategic projects and actioning two salary increases for all employees and pensioners throughout 2025 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.

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 2025. Finance also ensured compliance with all Revenue, pension and statutory obligations.

Finance worked closely with Facilities in the provision of metrics for SEAI reporting. The Business Partnering model continues to enable the Finance team to provide support to the strategic business units within the organisation.

Audit

Apart from the Annual Statutory Audit conducted by the C&AG, there were two Internal Audits completed during 2025; they included a review of Information Governance and the Annual Internal Financial Control Review for 2024.

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 2025.

In 2025, the Provision of Internal Audit services was put out to tender, and in November 2025 a contract was signed with a new provider now in place for the next three years starting in 2026.

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 Provision of Cyber Security and Related Services,
2. The Provision of Accounting, Audit and Financial Services,
3. The Provision of Insurance Brokerage Services, and
4. The Provision of Digital and Data Services.

In addition, a number of informal 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. Data Migration Services,
2. Irish Language Translation Services,
3. Public Opinion Research Services,
4. Emotional Support Services,
5. Public Relations and Communication Services,
6. Election Services, and
7. Returning Officer Services

The Medical Council also availed of Preliminary Market Consultation processes for the Pre-Registration Examination System (PRES), and Tailored Therapeutic Services.

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.



Financial Statements

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Council Members and Other Information

January- December 2025

President	Dr Suzanne Crowe	
Vice President	Dr Mary Davoren	
Chief Executive Officer	Dr Maria O’Kane (appointed June 2025)	
Interim Chief Executive Officer	Mr Ciaran Buggle (resigned June 2025)	
Council	Dr Suzanne Crowe 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 Martin O’Halloran Mr Morgan Crowe (resigned Jan 2025)	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 Dr Louise Kavanagh McBride Professor Desmond O’Neill Mr Ronan Quirke Mr John Murray (resigned Jan 25)
Offices	Kingram House Kingram Place Dublin 2, D02 XY88	
Auditors	Comptroller & Auditor General 3A Mayor Street Upper Dublin 1, D01 PF72	
Bankers	Bank of Ireland Rathmines Road Rathmines Dublin 6	
Solicitors	Fieldfisher 45 Mespil Road Dublin 4, D04 W2F1 DAC Beechcroft 3 Haddington Buildings Percy Place, Dublin 4, D04 T253 Byrne Wallace Shields 88 Harcourt Street Dublin 2, D02 DK18	

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 (ELT). The CEO and the ELT 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 Medical Council, 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, Infrastructure, Public Service Reform and Digitalisation, 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 as at 31st December 2025.

Governance Statement and Council Members' Report

(continued)

Council Structure

The Council consists of a President, Vice President and twenty three ordinary members, all of whom are appointed by the Minister for Health. There were two resignations during 2025 and there are currently two vacancies on the Council. The majority of members of the Council appointed were for five years, with a number of members on three-year terms. The Council meets once every quarter. The table below details the appointment period for current members:

Council Member	Role	Appointed	Reappointed	Resigned
Dr Suzanne Crowe	President	01/06/2018	01/06/2023	
Dr Mary Daveron	Vice President	14/06/2021	01/06/2023	
Professor Mary O'Sullivan	Ordinary Member	01/06/2018	01/06/2023	
Ms Teresa Bulfin	Ordinary Member	01/06/2018	01/06/2021	
Mr Morgan Crowe	Ordinary Member	13/11/2023		29/01/2025
Mr John Murray	Ordinary Member	28/06/2018		29/01/2025
Mr John Gleeson	Ordinary Member	01/06/2018	01/06/2023	
Mr Paul Harkin	Ordinary Member	01/06/2018	01/06/2023	
Mr Jim O'Sullivan	Ordinary Member	01/06/2018	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	25/01/2024		
Professor Richard Green	Ordinary Member	06/08/2024		
Dr Lousie Kavanagh McBride	Ordinary Member	18/04/2025		
Mr Martin O'Halloran	Ordinary Member	12/02/2025		
Professor Desmond O'Neill	Ordinary Member	30/04/2025		

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 nine Committees, as follows:

1. Audit & Risk Committee (ARC)

There were five meetings held in the year.

The ARC is responsible for monitoring the integrity of the financial statements, the work of the external auditor, and the effectiveness of internal control, and risk management systems of the Medical Council. The Committee is comprised of 9 members, 7 Council and 2 external members. The Committee is chaired by Mr Ian Drennan. In October 2025, two Council members were appointed to the Committee. All meetings in 2025 were held remotely.

2. Preliminary Proceedings Committee (PPC)

There were 12 meetings held in the year.

The PPC is established under Section 20(2) of the Medical Practitioners Act 2007 to give initial consideration to complaints against medical practitioners. As of the end of 2025 there are 30 members on the PPC; 20 external members and 10 Council members. The Committee is chaired by Mr John Gleeson. 9 new members were recruited in 2025. 3 members resigned during 2025. All meetings of the PPC were held remotely, with meetings that took place over 2 days counting as 1 meeting.

3. Fitness to Practise Committee (FtPC)

There were 71 Inquiries held in the year.

The FtPC is established under section 20(2) of the Medical Practitioners Act 2007 to hold inquiries into complaints referred by the PPC. 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. The Committee is chaired by Mr Paul Harkin.

4. Registration and Continuing Practice Committee (RCPC)

There were eight meetings held in the year.

The purpose of the RCPC is twofold; to ensure effective establishment and maintenance of the register of medical practitioners and to ensure ongoing maintenance of professional competence of registered medical practitioners. The Committee is comprised of 10 members: 2 Council members (1 lay member, 1 medical) and 8 Non-Council members. The Committee is chaired by Ms Teresa Bulfin. The RCPC is assisted and supported by 2 sub-committees, the Performance Assessor Subcommittee (PAS), and the Registration Review Board (RRB).

Governance Statement and Council Members' Report (continued)

5. Education and Training Committee (ETC)

There were seven meetings held in the year.

The purpose of the ETC is to develop, monitor, and evaluate Medical Council strategy with respect to medical education and training and practice of Anatomy. The ETC ensures 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.

There are 12 committee members. The ETC is chaired by Professor Edna Roche. The Committee is comprised of 4 Council members (one of whom is Ex Officio), one member who may be a Council member or external member, and seven external members (two of whom are Ex Officio).

6. Health Committee (HC)

There were seven meetings held in the year.

The HC'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. As of the end of 2025 there are 13 members on the HC. The Health Committee is chaired by Ms. Jill Long.

7. Monitoring Committee (MC)

There were five meetings held in the year.

The MC assists and advises the Medical Council and/or the CEO as required, in relation to the monitoring of the compliance of registered medical practitioners with conditions or undertakings attached to their registration. As of the end of 2025 there were 6 members on the MC. The Monitoring Committee is chaired by Dr Margaret O'Riordan.

8. Registration Adjudication Committee (RAC)

There were twelve meetings held in the year.

The purpose of the RAC 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 makes determinations in respect of select applications for specialist registration which have been assessed by the relevant post graduate training bodies. The Committee is comprised of 9 members: 1 Council members and 8 Non-Council members. The Committee is chaired by Ms Marie Culliton.

9. Finance Advisory Committee (FAC)

There were six meetings held in the year.

The FAC was established in 2025. The Committee is responsible for making recommendations to Council on strategic financial decisions and projects, monitoring and advising on the stability of the Council's financial position and advising the Council on the optimal investment strategy for its investment portfolio. The Committee is comprised of 5 members, which at year end includes one vacancy. 2 of the members are Council members and the remaining are external members. The Committee is chaired by Ms. Sinead Corcoran.

Governance Statement and Council Members' Report (continued)

Schedule of Attendance, Fees and Expenses

A schedule of attendance at the Council and Committee meetings for 2025 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 2025	Expenses 2025
S Crowe (President)	-	-
M Davoren (Vice President)	-	-
M O'Sullivan	7,696	185
T Bulfin	7,696	209
J Gleeson	7,696	-
P Harkin	-	-
S Corcoran	7,696	-
J O'Sullivan	7,696	-
M Culliton	-	-
M O'Riordan	7,696	320
N Nabi	-	-
I Drennan	-	-
J Long	7,696	-
D Murphy	-	-
R O'Connell	7,696	-
R Quirke	7,696	948
E Roche	-	-
L U Rehman	7,696	202
J Murray (resigned Jan 2025)	641	-
O Muldoon	-	-
M Crowe (resigned Jan 2025)	-	-
M O'Halloran (appointed Feb 2025)	6,734	-
D O'Neill (appointed Apr 2025)	-	-
R Greene	-	-
L Kavanagh McBride (appointed Apr 2025)	-	-
	84,335	1,864

There were thirteen members for the period January to December 2025 who did not receive a Council allowance in 2025 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 2025	Expenses 2025
J Barragry	Education & Training Committee, Accreditation	2,100	
V Beatty	Fitness to Practise Committee	3,300	-
V Blomfield	Health Committee	4,500	-
A Bradbury	Fitness to Practise Committee	4,000	-
K Bulbulia	Registration Continuing to Practise Committee, Registration Adjudication Panel, ETA	7,400	194
J Casey	Fitness to Practise Committee	10,800	-
S Casey	Registration Review Panel	600	
A Clarke	Registration Continuing to Practise Committee	9,900	-
T Clarke	MC, Registration Adjudication Panel	10,500	-
D Coffey	Health Committee	1,800	
L Conroy	Fitness to Practise Committee	11,300	668
M Culliton	Performance Assessment Committee	2,500	
M Davin-Power	Registration Review Panel	11,700	50
A Dawood	Fitness to Practise Committee	2,800	-
A Deane	Fitness to Practise Committee	9,800	
C Devins	Fitness to Practise Committee	12,000	3,199
E Doyle	Performance Assessment Committee	2,500	220
G Feeney	Education & Training Committee, Accreditation	5,000	280
M Fogarty	Education & Training Committee	1,800	-
D Forde	Performance Assessment Committee	3,000	-
A Gilliland	Education & Training Assessor, RP	10,500	226
AM Harney	Performance Assessment Committee	8,000	288
M Houston	Registration Continuing Practice Committee, Health Committee, Preliminary Proceedings Committee	300	-
M Hardiman	Registration Review Panel	300	
J Horan	Performance Assessment Committee	1,000	
P Hughes	Registration Review Panel	600	-
J Jenkins	Education & Training Committee, Education & Training Assessor	16,050	113
A Jeffers	Performance Assessment Committee	1,500	
W Jeffers	Performance Assessment Committee	2,500	
D Johnston	Fitness To Practise Committee	1,000	
M Lyons	Preliminary Proceedings Committee	1,500	
S Kealy	Preliminary Proceedings Committee	3,150	-
F Keeling	Registration Adjudication Panel	1,200	-
J Keenan	Preliminary Proceedings Committee	150	
W Kennedy	Performance Assessment Committee	8,000	-
P Kelly	Registration Adjudication	2,400	-
G Knowles	Education & Training Committee	16,000	1,336

Governance Statement and Council Members' Report

(continued)

Committee Member	Committee /Working Group Membership	Allowance 2025	Expenses 2025
M Khan	Fitness to Practise Committee	2,300	-
G Kirwan	Health Committee	4,200	-
V Larkin	Fitness to Practise Committee	4,000	-
B Lewis	Education & Training Assessor	6,000	279
C Mackie	Performance Assessment Committee	4,500	147
B Maher	Finance Advisory Committee	1,800	
V Marchant	Preliminary Proceedings Committee	2,100	-
C McCarthy	Performance Assessment Committee	4,500	283
C Mc Crystal	Monitoring Committee, Fitness to Practise Committee	9,300	430
T McDonnell	Preliminary Proceedings Committee	150	
W T McGonigal	Finance Advisory Committee	1,800	470
S McGovern	Fitness to Practise Committee	800	-
C McNicholas	Fitness to Practise Committee	1,800	-
J Moran	Regulatory Review Committee	1,800	-
D Mulcahy	Performance Assessment Committee	7,000	-
C Murphy	Monitoring Committee	1,500	79
P Murphy	Registration Continuing Practice Committee	2,400	-
A Ni Riain	Education & Training Committee	6,000	-
D O 'Donoghue	Fitness to Practice, Health Committee	5,000	-
S O'Dwyer	Health Committee	1,800	
S O'Malley	Performance Assessment Committee	2,500	
J Peppard	Preliminary Performance Committee	150	
P Plunkett	Fitness to Practise Committee	10,000	-
N Quann	Performance Assessment Committee	5,000	95
K Rashid	Preliminary Performance Committee	2,400	-
E Renehan	Fitness to Practice Committee	3,750	-
F Sharif	Registration Continuing Practice Committee, Performance Assessment Committee	3,500	-
A Sheehan	Preliminary Performance Committee, Registration Continuing Practise Committee	3,300	-
A Sheridan	Registration Continuing Practice Committee	3,600	-
C Stuart	Fitness to Practice Committee, Health Committee	7,400	-
C Sullivan	Finance Advisory Committee	1,500	151
D Scully	Preliminary Proceedings Committee	1,200	-
N Usman	Regulatory Review Committee	1,230	
P Treanor	Fitness to Practice Committee	4,800	-
E Walsh	Performance Assessment Committee	4,000	-
		314,530	8,508

There were thirty four Committee members for the period January to December 2025 not listed above 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 Interim Chief Executive Officer Mr. Ciaran Buggle was in place until the start of June 2025, at which point Dr. Maria O'Kane was appointed Chief Executive Officer.

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, Infrastructure, Public Service Reform and Digitalisation 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 December 2025 are categorised in the following bands:

Range of total employee benefits	Number of Employees	
From - To	2025	2024
€60,000-€69,999	30	19
€70,000-€79,999	3	6
€80,000-€89,999	14	16
€90,000-€99,999	14	11
€100,000-€109,999	2	2
€110,000-€119,999	1	2
€120,000-€129,000	3	5
€130,000-€139,000	5	0
€140,000-€149,000	0	0
€150,000-€159,000	1	0

Consultancy Costs

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

	2025	2024
	€	€
Business Consultancy	229,141	701,758
IT Consultancy fees	90,559	60,254
Legal Consultancy	205,637	407,275
	525,337	1,169,287

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.

	2025	2024
	€	€
Legal Expenses		
Legal and professional fees for Preliminary Proceedings	840,067	946,132
Part V (a) Inquiries	3,810,676	3,687,851
Part V(b) High Court & Supreme Court proceedings	383,431	331,120
	5,034,173	4,965,102

Hospitality Expenditure

The Income and Expenditure Account included the following hospitality expenditure;

	2025	2024
	€	€
Staff Hospitality	9,208	16,948
Council Hospitality	4,652	6,614
Total	13,860	23,562

Staff hospitality expenditure incurred in 2024 included costs relating to summer, Christmas and teambuilding events. No such staff events took place in 2025.

Council hospitality expenditure incurred in 2024 included costs relating to Council teambuilding events and Christmas event. 2025 costs relate to a Council teambuilding event.

Travel and Subsistence Expenditure	2025	2024
Travel and subsistence expenditure is categorised as follows	€	€
Staff – Domestic	6,561	2,664
Staff – International	16,168	12,546
Council	6,709	6,711
Core Business	42,595	38,149
Total	72,033	60,070

Statement of Compliance

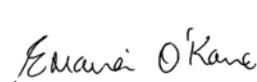
The Council has adopted the Code of Practice for the Governance of State Bodies (2016 and 2020) and has put procedures in place to ensure compliance with the Code. Apart from the requirement under Section 7.5 for an annual review of the effectiveness of internal control systems to be held within 3 month of the year end, the Medical Council was in compliance with the Code of Practice for the Governance of State Bodies in 2025.

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



Dr. Mary Davoren
Vice-President

Dated: 30th June 2026



Dr. Maria O'Kane
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, Infrastructure, Public Service Reform and Digitalisation, has been in place in the Medical Council for the year ended 31st December 2025, and up to the date of approval of the financial statements except for one important, and four minor internal control weakness outlined in the internal audit of controls carried out in December 2025, noted further down in this statement.

Capacity to Handle Risk

The Medical Council has an Audit & Risk Committee (ARC) comprising of seven 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 2025.

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. During 2025, after the running of a tender process, Deloitte Ireland LLP was appointed as internal auditors, replacing, Crowley's DFK.

An updated policy, "RI001 Risk Management" 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.

Statement on Internal Control

(continued)

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 Executive and Council, where relevant, in a timely way. I confirm that the following ongoing monitoring systems are in place:

- key risks and related controls have been identified and processes have been put in place to monitor the operation of those key controls and report any identified deficiencies,
- 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 all procurement activities endeavour to conduct procurement in full compliance with applicable Public Sector Directives. I also confirm that all procurement activities are conducted in full compliance with applicable European Union and Irish public procurement legislation, Government policy, and best practice requirements.

All procurement is undertaken in accordance with:

- EU Public Procurement Directives, as transposed into Irish law, including the European Union (Award of Public Authority Contracts) Regulations 2016 (S.I. No. 284 of 2016), as amended;
- The Public Spending Code and associated Circulars issued by the Department of Public Expenditure, NDP Delivery and Reform;
- Office of Government Procurement (OGP) policies, frameworks, guidance notes, and national procurement procedures; and
- Any additional sector specific statutory or regulatory obligations applicable to the organisation.

The Medical Council ensures that procurement processes are conducted in a manner that is:

- Transparent, fair and equitable, providing equal treatment and non discrimination to all economic operators;
- Proportionate, with procedures appropriate to the value, complexity and risk of the procurement;
- Competitive, unless a permitted exception under the Regulations applies; and
- Focused on value for money, having due regard to cost, quality, sustainability, accessibility and whole of life considerations.

All procurement above national and EU thresholds is advertised on the eTenders platform and, where required, in the Official Journal of the European Union (OJEU).

The Medical Council confirms that procurement compliance is monitored on an ongoing basis and that any identified deviations are addressed through corrective action and continuous improvement.

In 2025, there were nine instances of non-compliant spend, the majority of which has been addressed throughout the year and are now in a compliant status, see list below, all costs inclusive of VAT:

- Facilities Management Services (Cleaning €13,353, Security €7,125)
- Recruitment Agency fees (Vendor 1- €99,633, Vendor 2- €115,007)
- ICT Services (Security Partner €28,376, Firewall Services €26,031, Backup Wireless Internet Services €13,284, Licencing (end to end point) €7,958)
- Corporate Governance Software €58,081

In 2025, there were three non-competitive compliant contracts that were compliantly managed under the derogations permitted in the Public Sector Directive 2014/24/EU of the European Parliament and Council, see list below, all costs inclusive of VAT:

- Legal Case Management System €42,836
- Remote Hearing Platform €61,654
- Website Maintenance & Support Services €3,419

Statement on Internal Control

(continued)

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 2026.

Section 7.5 of the Code of Practice for the Governance of State Bodies requires that the Board of the Council undertakes an annual review of the effectiveness of internal control systems. The review is required by the Code to be conducted within three months of the year end. During 2025, after the running of a tender process, Deloitte Ireland LLP was appointed as internal auditors, replacing, Crowley's DFK. Due to the timing of this process, the Review of Internal Financial Controls audit was completed in April 2026, and the findings considered by Council in its meeting on the 29th April, outside of the three-month requirement from the year end.

Internal Control Issues

Following the 2025 internal financial control review, five weaknesses were identified, four of which were rated as minor and one important. The minor weaknesses related to the timely sign off the debtors and bank reconciliations and the timely review of financial policies. The important weakness identified related to non-compliance with public procurement guidelines. There are three recommendations not fully implemented from previous internal control recommendations were also noted in relation to Bank & Treasury, Governance and ICT and Business Continuity Controls, all rated low findings.

Signed on behalf of the Medical Council



Dr. Mary Davoren
Vice-President

Dated: 30th June 2026



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 2025 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 2025 and of its income and expenditure for 2025 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, the governance statement and Council members' report, and the statement on internal control. My responsibilities to report in relation to such information, and on certain other matters upon which I report by exception, are described in the appendix to this report.

I have nothing to report in that regard.

Irena Grzebieniak

Irena Grzebieniak
For and on behalf of
Comptroller and Auditor General

30 June 2026

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 2025

		2025	2024
	Notes	€	€
Income			
Retention fees	2	16,258,375	14,839,062
Registration fees	2	6,148,178	5,686,131
Miscellaneous income	2	675,272	872,991
Total income		23,081,825	21,398,184
Expenditure			
Wages and salaries	3	10,524,921	10,161,053
Retirement benefit costs	3	2,025,855	1,944,787
Council and meeting expenses		516,777	410,004
Staff recruitment, training and education		221,801	354,073
Rent and rates		1,019,546	1,006,168
General administration	4	1,851,873	1,735,370
Legal expenses		5,034,173	4,965,102
Consultancy and other professional fees		525,337	1,169,287
Finance charges		316,997	272,270
Audit fees		31,900	33,200
Digital marketing & media monitoring		30,479	70,652
Loss / (Gain) on asset disposals		-	-
Depreciation	6	720,600	705,664
Total Expenditure		(22,820,259)	(22,827,630)
Operating Surplus/(Deficit)		261,566	(1,429,446)
Fair value movement in financial assets	7	2,083,646	3,017,920
Interest payable/receivable			
Investment income		154,694	96,454
Surplus for the year		2,499,906	1,684,928
Transfer from / (to) pension reserve	11	691,000	716,000
Adjustment to reserve revaluation		19,800	-
Balance Brought Forward at 1st January		41,026,144	38,625,216
Balance Carried Forward at 31st December		44,236,850	41,026,144

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. Mary Davoren
Vice-President

Dated: 30th June 2026



Dr. Maria O'Kane
Chief Executive Officer

Statement of Comprehensive Income

for the year ended 31st December 2025

		2025	2024
	Notes	€	€
Surplus for the year		2,499,906	1,684,928
Experience (loss) / gain on retirement benefit obligations		(247,000)	(530,000)
(Loss)/Gain due to change in assumptions underlying the present value of retirement benefit obligation	10(b)	3,881,000	2,936,000
Change in demographic assumptions	10(b)	(120,000)	290,000
Adjustment to deferred retirement benefit funding	10(b)	1,026,000	890,000
Total comprehensive income for the year		7,039,906	5,270,928

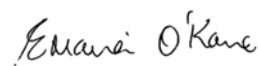
The Statement of Cash Flows and Notes on pages 79 - 94 form part of the financial statements.

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



Dr. Mary Davoren
Vice-President

Dated: 30th June 2026



Dr. Maria O'Kane
Chief Executive Officer

Statement of Financial Position

as at 31st December 2025

		2025	2024
	Notes	€	€
Non-Current Assets			
Property, plant and equipment	6	3,819,437	4,062,855
Financial assets	7	42,571,116	41,444,910
		46,390,553	45,507,765
Current Assets			
Receivables	8	932,351	1,332,404
Cash and cash equivalents		9,372,779	6,057,840
		10,305,130	7,390,244
Current Liabilities (amounts falling due within one year)			
Payables	9	(12,458,834)	(11,852,067)
Net Current Assets		(2,153,703)	(4,461,822)
Total Assets less Current Liabilities (before retirement benefits)			
		44,236,850	41,045,943
Deferred funding asset for pensions	10(b)	3,748,000	3,789,000
Retirement benefit obligations	10(b)	(20,809,000)	(22,647,000)
Net Assets		27,175,850	22,187,943
Representing			
Retained revenue reserves	11	44,236,850	41,045,943
Retirement benefit reserve	11	(17,061,000)	(18,858,000)
Total		27,175,850	22,187,943

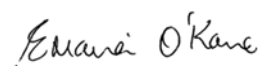
The Statement of Cash Flows and Notes on pages 79 - 94 form part of the financial statements.

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



Dr. Mary Davoren
Vice-President

Dated: 30th June 2026



Dr. Maria O'Kane
Chief Executive Officer

Statement of Cash Flows

for the year ended 31st December 2025

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

Net Cash Flows from Operating Activities	2025	2024
	€	€
Excess income over expenditure	2,499,906	1,684,928
Net deferred funding for pensions	(985,000)	(1,017,000)
Depreciation and impairment of PPE	720,600	705,664
(Gain)/ Loss on disposals of assets	3,564	(76)
Decrease / (increase) in receivables	400,053	(89,495)
Interest received	-	-
Increase / (decrease) in payables	606,767	933,614
Increase / (decrease) in retirement benefits charge	1,676,000	1,733,000
Receipts from investment portfolio	(154,694)	(96,454)
Payments of portfolio management fee & charges	112,134	84,134
Fair value movement in financial assets	(2,083,646)	(3,017,920)
Net Cash Inflow from Operating Activities	2,795,684	920,393
Cash Flows from Investing Activities		
Interest received	-	-
Interest expense	-	-
Payments to acquire property, plant & equipment	(481,545)	(292,248)
Investment drawdown	1,000,000	1,000,000
Proceeds for asset disposal	800	718
Net Cash Flows from Investing Activities	519,255	708,470
Net increase/decrease in cash and cash equivalents	3,314,939	1,628,863
Cash & cash equivalents @ 1st January	6,057,840	4,428,977
Cash & cash equivalents @ 31st December	9,372,779	6,057,840

Notes to the Financial Statements

for the year ended 31st December 2025

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").

The Council has adopted the Code of Practice for the Governance of State Bodies (2016 and 2020) 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 in 2025.

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 2025 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 (SIERR) 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.

Notes to the Financial Statements (continued)

for the year ended 31st December 2025

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 SIERR.

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, Infrastructure, Public Service Reform and Digitalisation (DPENDR). In addition, an employer contribution is also payable to DPENDR in accordance with 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.

Notes to the Financial Statements (continued)

for the year ended 31st December 2025

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 asset's fair value less cost to sell and value in use. For the purpose of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash flows (cash generating units).

Non-financial assets that suffered impairment are reviewed for possible reversal of the impairment at each reporting date.

Depreciation and Residual Values

The 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.

Notes to the Financial Statements (continued)

for the year ended 31st December 2025

2. Income

Income items are made up as follows:

	2025	2024
	€	€
Retention fees	16,258,375	14,839,062
Annual retention fee payable by Doctors to retain their Registration on the Medical Register		
Registration fees		
Internship	297,510	331,828
General registration	5,585,748	5,107,963
Restoration to General Register of Medical Practitioners	80,920	86,950
Specialist registration fees	184,000	159,390
	6,148,178	5,686,131
Miscellaneous income		
Service fees	30,785	44,520
Accreditation fees	-	-
Examinations	245,005	86,405
Certificate of good standing	244,575	222,700
Late payment fee	76	(50)
Legal costs recovered	-	-
Other	85,715	94,755
HSE Funding	69,116	424,641
	675,272	872,991

Notes to the Financial Statements (continued)

for the year ended 31st December 2025

3. Employees and Remuneration

The staff costs are comprised of:

	2025	2024
	€	€
Wages and salaries	9,565,743	9,264,717
Social welfare costs	959,178	896,336
	10,524,921	10,161,053
Retirement benefit costs (Note 10a)	2,025,855	1,944,787
	12,550,776	12,105,840

Included within Wages and Salaries expenditure is €112,652 reimbursement salary costs to Children's Health Ireland for the current President's salary.

	2025	2024
	€	€
3.1 Pension-related deductions	224,633	191,984
Amounts due to the Department of Health at year-end	19,231	16,952

3.2 No Bonus payments were made to staff during 2025 or 2024

3.3 Aggregate Employee Salary costs

	Salary Costs	Termination benefits	Post-employment benefits	Other
Aggregate employee salary	9,266,829	-	-	-
Key management personnel	615,756	-	-	-
	2025	2024		
Chief Executive Officer (1 Jan 2024- 19 Sept 2024)	Nil	107,234		
Interim Chief Executive Officer* (20 Sept 2024 – 6 Dec 2024)	Nil	49,077		
Interim Chief Executive Officer (7 Dec 2024– 8 June 2025)	74,966	12,065		
Chief Executive Officer (9 June 25 – 31 Dec 2025)	87,892	-		

*In 2024, 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), with €49,077 relating to the period as CEO.

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 2025 was 134 and during the year 2024 was 132.

Notes to the Financial Statements (continued)

for the year ended 31st December 2025

4. General Administration

	2025	2024
	€	€
Insurance	100,311	113,956
Light and heat	77,785	76,808
Repairs and maintenance	157,164	118,953
Printing, postage and stationery	45,327	31,245
File administration and storage	9,687	36,286
Telephone and broadband charges	70,914	34,402
Computer costs	982,198	1,005,564
Caretaking and cleaning	73,485	60,642
Security	41,489	34,963
Accreditations	193,419	116,613
Research	36,375	14,231
General expenses	52,474	53,553
Internal Audit	11,245	38,154
	1,851,873	1,735,370

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.

Notes to the Financial Statements (continued)

for the year ended 31st December 2025

6. Property, Plant & Equipment

	Buildings & Leasehold Improvements	Office Equipment	Fixtures & Fittings	Computer Equipment	Total
	€	€	€	€	€
Cost					
As at 1st January 2025	5,322,147	24,753	1,253,904	2,428,621	9,029,425
Additions	-	-	4,572	476,973	481,545
Disposal	-	-	-	(9,954)	(9,954)
At 31st December 2025	5,322,147	24,753	1,258,476	2,895,640	9,501,016
Accumulated Depreciation					
As at 1st January 2025	1,677,365	22,377	1,173,027	2,093,800	4,966,569
Charge for the year	468,441	1,547	17,987	232,625	720,600
Disposals	-	-	-	(5,590)	(5,590)
At 31st December 2025	2,145,806	23,924	1,191,014	2,320,835	5,681,579
Net book value					
At 31st December 2025	3,176,341	829	67,462	574,805	3,819,437
At 31st December 2024	3,644,782	2,376	80,877	334,821	4,062,856

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 nil carrying value following initial valuation in 2019. The artwork valuation was provided by Adam's Fine Art and Auctioneers.

Notes to the Financial Statements (continued)

for the year ended 31st December 2025

6.1 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

Notes to the Financial Statements (continued)

for the year ended 31st December 2025

7. Financial Assets

	2025	2024
Fair Value	€	€
At 1st January	41,444,910	39,414,668
Investment Drawdown	(1,000,000)	(1,000,000)
Fair value movement in financial assets	2,083,646	3,017,920
Investment income	154,694	96,454
Management fee	(84,132)	(84,132)
Interest income/(expenditure)	(28,002)	-
Funds To/(From) Portfolio	-	-
At 31st December	42,571,116	41,444,910

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

	2025	2024
	€	€
Prepayments	903,590	1,082,819
Trade receivables	141,198	427,304
Sundry receivables	7,309	34,526
Receivables provision	(119,746)	(212,245)
	932,351	1,332,404

Included in prepayments is an amount of €282,450 (2024: €322,800) 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.

	2025	2024
	€	€
Movement in receivables provision		
Receivable provision as at 1st January	(212,245)	(294,127)
Released in the year	212,245	294,127
Provided for in year	(119,746)	(212,245)
	(119,746)	(212,245)

Notes to the Financial Statements (continued)

for the year ended 31st December 2025

9. Payables

	2025	2024
	€	€
Amounts falling due within one year		
Trade payables and accruals	2,894,995	2,915,449
Taxation	324,224	303,639
Deferred income - retention fees	8,539,688	7,701,698
Deferred income - other	60,927	-
Deferred income - HSE Funding	-	69,116
Provision for legal costs	639,000	798,000
Bequest to charity	-	64,165
	12,458,834	11,852,067
Movement in legal provision:		
Legal provision as at 1st January	798,000	1,372,000
Utilised in year	(326,000)	(649,000)
Provided for in year	167,000	75,000
	639,000	798,000

The Deferred income figure of €8.5m reflects retention fee income received in 2025 which pertains to a portion of 2026, this figure was €7.7m in 2024.

Notes to the Financial Statements (continued)

for the year ended 31st December 2025

10. Retirement Benefit Costs

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

	2025	2024
	€	€
Medical Council defined benefit scheme		
Current service costs	507,000	550,000
Interest Pension Costs	649,000	622,000
Employee contributions	(118,146)	(122,141)
	1,037,854	1,049,859
Single public sector scheme		
Current Service Cost	853,000	902,000
Interest Pension Costs	132,000	115,000
Deferred retirement benefit funding	(985,000)	(1,017,000)
Employer Contribution	988,001	894,928
	988,001	894,928

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 **€2,025,855**

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 (SPSPS) 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, the sum of €988,001 represents the Medical Council’s employer contributions to the Single Public Service Pensions scheme for the period 1st January 2025 to 31st December 2025. This liability has been remitted to the Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation.

In addition, employee contributions by SPSPS members amounted to €329,334 in 2025 and were remitted to the Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation.

Notes to the Financial Statements (continued)

for the year ended 31st December 2025

b. Movement in net retirement benefit obligations

	2025	2024
	€	€
Net retirement benefit obligations at 1st January	22,647,000	23,610,00
Current service cost	1,360,000	1,452,000
Interest Costs	781,000	737,000
Actuarial loss/(gain)	(3,514,000)	(2,696,000)
Retirement benefits paid in the year	(456,000)	(456,000)
Medical Council defined benefit scheme Total	20,809,000	22,647,000
Medical Council defined benefit scheme	17,061,000	18,858,000
Single Public Sector Pension Scheme	3,748,000	3,789,000
Net retirement benefit obligations at 31st December	20,809,000	22,647,000

Single Public Sector Pension Scheme Deferred Funding

The deferred funding asset of the Single Public Pension Scheme decreased by €41,000 from 2024 to 2025, €41,000 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

	2025	2024	2023	2022	2021	2020
	€'000	€'000	€'000	€'000	€'000	€'000
Defined benefit obligations	20,809	22,647	23,610	20,563	29,497	28,437
Experience losses / (gains) on defined benefit scheme obligations	2,488	1,806	1,274	8,765	800	2,827
Percentage of scheme liabilities	-11.9%	-7.9%	-5.4%	-42.6%	-2.7%	-9.9%

Notes to the Financial Statements (continued)

for the year ended 31st December 2025

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 above 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 2025. 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). The actuarial assumptions were:

	2025	2024
Rate of increase in salaries	3.10%	3.10%
Rate of increase in retirement benefits in payment	2.60%	2.60%
Discount rate	4.40%	3.50%
Inflation rate	2.10%	2.10%

Mortality basis:

	%
Males	100% S4PMA with CMI 2024 improvements
Females	100% S4PFA with CMI 2024 improvements

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

	2025	2045
Male aged 65	22.0 years	23.3 years
Female aged 65	24.3 years	25.7 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 2025.

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.

Notes to the Financial Statements (continued)

for the year ended 31st December 2025

11. Reserves

	Retirement Benefit reserve	Retained Reserves	Total
	€	€	€
At 1st January 2025	(18,858,000)	41,045,944	22,187,944
Surplus for the year	-	2,499,906	2,499,906
Actuarial Gain for the year	2,488,000	-	2,488,000
Transfer to retirement benefits reserve	(691,000)	691,000	-
At 31st December 2025	(17,061,000)	44,236,850	27,175,850

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 €691,000 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 €1,156,000 and the benefits paid out in the year of €465,000.

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 2025 the Medical Council had the following future minimum lease payments under non-cancellable operating leases for each of the following periods:

	2025	2024
Payable within one year	827,500	827,500
Payable within two to five years	2,482,500	2,482,500
Payable after five years	1,655,000	2,482,500
	4,965,000	5,792,500

Operating lease payments recognised as an expense were €827,500 (2024: €827,500).

Notes to the Financial Statements (continued) for the year ended 31st December 2025

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 30th June 2026.

Appendices

Appendix A

Council Meetings, January 1st – December 31st 2025

Attendance

Council Meetings 2025	Total Number of Meetings
Council Meetings - Governance	6
Council Meetings - Regulatory	14
Extraordinary Council Meetings (including Circulation of Papers)	45
Total	65

Council Member	Governance Meeting	Regulatory Meeting	Extraordinary Meeting	Total
Dr Suzanne Crowe (President)	6	9	29	44
Ms Teresa Bulfin	6	10	37	53
Ms Sinead Corcoran	5	6	27	38
Ms Marie Culliton	6	12	36	54
Dr Mary Davoren (Vice-President)	5	8	19	32
Mr Ian Drennan	5	7	13	25
Mr John Gleeson	6	10	27	43
Prof Richard Green	3	7	19	29
Mr Paul Harkin	6	13	41	60
Dr Louise Kavanagh McBride ²	1	2	4	7
Ms Jill Long	6	10	28	44
Prof Orla Muldoon	2	3	3	8
Prof Deirdre Murphy	4	9	29	42
Mr Nauman Nabi	6	4	7	17
Prof Ronan O'Connell	4	9	29	42
Mr Martin O'Halloran ¹	3	6	11	20
Dr Margaret O'Riordan	5	12	29	46
Prof Desmond O'Neill ³	3	4	11	18
Mr Jim O'Sullivan	6	6	25	37
Prof Mary O'Sullivan	5	10	26	41
Mr Ronan Quirke	4	9	36	49
Prof Edna Roche	6	4	25	35
Dr Liqa Ur Rehman	2	4	6	12

1 Appointed 12 February 2025

2 Appointed 18 April 2025

3 Appointed 30 April 2025

Committees

Audit and Risk Committee

Five meetings held in 2025

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
Mr Ian Drennan (Chair)	5
Ms Ginny Hanrahan	4
Prof Deirdre Murphy*	0
Prof Ronan O'Connell	4
Dr Donal O'Connor	3
Mr Martain O'Halloran*	0
Mr Des O'Neil*	1
Mr Jim O'Sullivan	5
Prof Edna Roche	4

* Appointed Sept 2025

Education and Training Committee

Seven meetings held in 2025

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. The Committee is chaired by Professor Edna Roche.

Committee Member	No of meetings attended
Prof Edna Roche (Chair)	5
Prof Michael Kevin Barry	4
Prof Dara Byrne	7
Dr Mary Davoren	4
Dr Lenin Patrick Ekpotu ³	2
Marita Fogarty	5
Prof Martina Hennessy ²	1
Dr Sarah Hyde	7
Mr Graham Knowles	7
Dr Kathleen McDonnell ¹	1
Dr Sinead Murphy	4
Prof Mary O'Sullivan	6
Dr Liqa Ur Rehman	2

1 Joined Sept 2025

2 Joined September 2025

3 Left 8 July 2025

Registration and Continuing Practice Committee

Eight meetings held in 2025

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 its 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.

Committee Member	No of meetings attended
Ms Teresa Bulfin	8
Dr Anna Clarke	7
Dr David Honan	3
Dr John Jenkins	5
Mr Patrick Murphy	8
Mr Nauman Nabi	4
Dr Sinead O'Gorman	6
Dr Eslam Ramadan	1
Ms Ann Sheehan	6
Ms Avril Sheridan	7

Registration Adjudication Panel

Twelve meetings held in 2025

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 12 meetings in 2025.

Committee Member	No of meetings attended
Ms Katharine Bulbulia	12
Dr John Barragry ⁴	4
Ms Marie Culliton ¹	10
Prof Tom Clarke	9
Dr Helen Hynes	8
Dr Frank Keeling ³	4
Dr Peter Kelly	8
Prof Henry Kennedy ⁴	3
Prof Deirdre Murphy ²	3
Dr Joseph O'Connor	12
Ms Louisa Power ⁴	5

1 Joined March 2025

2 Resigned March 2025

3 Resigned 2025

4 Joined September 2025

Health Committee

Seven meetings held in 2025

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
Ms Jill Long (Chair)	7
Ms Vicky Blomfield	4
Dr Pauline Bowe*	4
Dr John Casey	7
Dr Don Coffey*	4
Dr Suzanne Crowe	6
Dr Mary Davin-Power	7
Dr Mary Davoren	4
Ms Gloria Kirwan	4
Dr Garrett McGovern*	4
Dr Grainne McNally	7
Dr Sarah O'Dwyer*	3
Ms Cornelia Stuart	7

* Term began 31st May 2025

Preliminary Proceedings Committee

Twelve meetings held in 2025

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 12 meetings over 21 days in 2025.

Committee Member	No of meetings attended
Mr John Gleeson	11
Ms Teresa Bulfin	8
Ms Mairead Butler ⁵	0
Ms Sinead Corcoran	8
Dr Daniel Creegan	6
Ms Mairie Cregan	7
Dr Thomas Crotty	10
Dr Mary Davoren	10
Dr Siobhan Gormally	5
Prof Richard Greene ¹	0
Ms Ginny Hanrahan ²	0
Dr Marie Hogan ⁴	0
Dr Muiris Houston ⁷	2
Mr Stephen Kealy	8
Ms Louise Kavanagh McBride ¹	0
Dr John Keenan ²	0
Mr Graham Knowles ²	0
Dr Vicki Marchant	6
Prof Geraldine McCarthy	9
Prof Tim McDonnell ²	0
Prof Martin McMahon ³	0
Prof Maria Morgan	7
Dr Aoife Mullally	6
Mr John Murray ⁶	0
Mr Nauman Nabi	0
Prof Ronan O'Connell	6
Ms Sinead O'Gorman	6
Dr Margaret O'Riordan	10
Ms Joan Peppard ²	0
Dr Khalid Rasheed	7
Prof Edna Roche	7
Dr Diarmuid Scully	4
Ms Ann Sheehan	4

1 Joined 9 July 2025

2 Joined 17 September 2025

3 Joined 25 September 2025

4 Joined 5 November 2025

5 Resigned 22 January 2025

6 Resigned 29 January 2025

7 Resigned 24 April 2025

Finance Advisory Committee

Six meetings held in 2025

Committee Member	No of meetings attended
Ms Sinead Corcoran (Chair)	6
Mr Paul Harkin	6
Mr Bill Maher	6
Mr William Terry McGonigal	5
Dr Cyril Sullivan ¹	4

- 1 Dr Cyril Sullivan stepped down as Committee member in October 2025

Monitoring Committee

Five meetings held in 2025

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 five Committee meetings held in 2025.

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

Fitness to Practise Committee

71 Inquiries held in 2025

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
Mr Paul Harkin (Chair)	37
Prof Mohammad Ashraf Butt	4
Ms Valerie Beatty	11
Ms Ada Bradbury	8
Prof Tom Clarke	12
Dr Liam Conroy	31
Ms Marie Culliton	17
Dr Ashraf Dawood	4
Dr Mary Davin-Power	13
Ms Audry Deane	19
Ms Mary Caroline Devins	25
Mr Ian Drennan	0
Prof Gautam Gulati	1
Dr David Honan	2
Ms Dawn Johnston	3
Dr Muhammad E A Khan	3
Ms Veronica Larkin	7
Ms Jill Long	3
Dr Conor McCrystal	11
Mr Stephen McGovern	1
Dr Claire McNicholas	3
Prof Orla Muldoon	0
Prof Deirdre Murphy	8
Prof Diarmuid O'Donoghue	13
Mr Martin O'Halloran	0
Ms Miriam O'Callaghan	2
Prof Desmond O'Neill	0
Mr Jim O'Sullivan	4
Prof Mary O'Sullivan	15
Ms Anne Pardy	3
Prof Patrick Plunkett	17
Mr Ronan Quirke	27
Mr Eugene Renehan	10
Ms Cornelia Stuart	1
Ms Pauline Treanor	9
Dr Liqa Ur Rehman	0

Appendix B

Registration Statistics

(a) Overview

As of the 31st of December 2025 there were 37,977 doctors on the Medical Council's Register (an increase of 14.2% from 33,244 as of the 6th of January 2025). Importantly, this figure reflects all registered medical practitioners and does not indicate how many are currently practising medicine or who are based in the Republic of Ireland.

(b) Demographic Profile

Just over half of these doctors were male and the majority were aged 34 years or younger. A demographic overview of these doctors can be found in tables 1 – 4 below.

Table 1. Gender Breakdown of Register on 31st December 2025

	N	%
Female	17,898	47.1
Male	20,079	52.9
Total	37,977	100.0

Table 2. Age Category Breakdown of Register on 31st December 2025

	N	%
34 years and younger	14,801	39.0
35-44 years	10,728	28.2
45-54 years	6,283	16.5
55-64 years	4,162	11.0
65 years and older	2,003	5.3
Total	37,977	100.0

Table 3. Division Breakdown of Register on 31st December 2025

	N	%
General	16,914	44.5
Intern	2,249	5.9
Specialist	13,972	36.8
Supervised	456	1.2
Trainee Specialist	4,386	11.5
Total	37,977	100.0

* Note. 896 of these interns registered for the first time in 2025 and are likely to be in clinical posts.

Table 4. Category of Qualification Breakdown of Register on 31st December 2025

	N	%
Ireland	17,391	45.8
EU or UK	5,774	15.2
Outside of Ireland, the EU or UK	14,812	39.0
Total	37,977	100.0

Doctors Joining the Register

There were 7,337 additions to the Register in 2025, comprising of 6,665 (90.8%) doctors registering for the first time and 672 (9.2%) restorations to the Register. Of the doctors registering for the first time, 220 left the Register again before year end, as did 18 of those restored. This left 7,099 additions (6,445 doctors registering for the first time and 654 restorals) included in the year-end total which is an increase of 33.8% from 5,304 in the same period in 2024. **Importantly, these figures reflect additions to the Register and do not indicate whether individuals are actively practising or based in the Republic of Ireland.**

Table 5. Doctors Joining the Register in 2025

	First Registrants		Restorals		Total	
	N	%	N	%	N	%
Joining and remaining on Register at year-end	6,445	96.7	654	97.3	7,099	96.8
Joining but not on Register at year-end	220	3.3	18	2.7	238	3.2
Total joining during the 2025 calendar year	6,665	100.0	672	100.0	7,337	100.0

Annual retention – Workforce Insights

(a) Overview

While the year-end Register figures capture all doctors entitled to practice as of the 31st of December, it does not indicate whether they are currently working or based in the Republic of Ireland. Information on practising status is collected through the annual retention process which occurs mid-year between May and August. Information on clinically active doctors is therefore only available mid-year and due to how the retention process works these figures should not be directly compared with year-end figures.

In May 2025, 31,897 doctors were invited to retain their place on the Register. From May to August 2025, **29,428** of these doctors completed the ARAF and retained their place on the Register. Of these doctors retaining:

- **22,257** (75.6%) were practising medicine in the Republic of Ireland (all or some of the time),
- **5,459** (18.6%) were practising medicine abroad only, and
- **1,712** (5.8%) were not practising medicine.

Annual retention data provides the only available insight into whether doctors are actively practising medicine and where they are based. Almost all doctors on the Register prior to April 30th in a given year are invited to undergo retention. There are certain cohorts of doctors, however, that are not captured in this figure given the way the retention process works:

- Doctors who were registered for the first time or who restored registration after 30 April in a given year. These are not captured in the retention data as when they join the Register they pay the full year fee and they are not required to renew their registration during this period.
- Doctors undertaking their internship. These doctors join and work in posts allocated by the HSE, usually for a period of 12 months.
- Doctors who have just completed their internship year. These doctors are not required to complete the annual retention process but rather they apply to the Medical Council to transfer registration if they wish to continue practising. If they no longer wish to practise medicine in Ireland they should withdraw their name from the Register.
- Doctors who hold Visiting EEA registration are similarly not required to apply to retain registration with the Medical Council as this is time limited.

The section below highlights a small number of key insights, focusing on practising status and location. Detailed findings from the annual retention process are explored in the Workforce Intelligence Report. As outlined above the year-end Register figure includes certain cohorts of doctors that do not undergo retention and increased to 37,977 following additional entries after the retention period. Therefore, the year-end figure is not directly comparable to these figures.

(b) Clinically Active in Ireland

A demographic overview of the clinically active workforce in the Republic of Ireland is provided in tables 6 - 9 below. Similar to the year-end Register just over half of these doctors are male. Notably, the division of clinically active doctors on the Register varies from year-end totals. This is partially influenced by interns not undergoing retention. However, there are also a higher proportion of general division doctors retaining that are not practising in Ireland than there are on other divisions of the Register. This will be explored in further detail in the Workforce Intelligence Report and highlights the need to draw from the retention data when making any conclusions about the workforce practising in the Republic of Ireland.

Table 6. Gender Breakdown of Doctors Clinically Active in Ireland in 2025

	N	%
Female	10,604	47.6
Male	11,653	52.4
Total	22,257	100.0

Table 7. Age Category Breakdown of Doctors Clinically Active in Ireland in 2025

	N	%
34 years and younger	6,175	27.7
35 to 44 years	7,022	31.5
45 to 54 years	4,582	20.6
55 to 64 years	3,097	13.9
65 years and older	1,381	6.2
Total	22,257	100.0

Table 8. Division Breakdown of Doctors Clinically Active in Ireland in 2025

	N	%
General	7,030	31.6
Specialist	11,109	49.9
Supervised	195	0.9
Trainee Specialist	3,923	17.6
Total	22,257	100.0

* Interns do not undergo retention, they join as a first-time applicant, and 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. Category of Qualification Breakdown of Doctors Clinically Active in Ireland in 2025

	N	%
Irish	12,599	56.6
EU or UK	3,090	13.9
Outside of Ireland, the EU or UK	6,568	29.5
Total	22,257	100.0

Appendix C

Complaints and Fitness to Practise Inquiry Statistics

The Regulated Professions (Health and Social Care) (Amendment) Act 2020 (“2020 Act”) amends the Medical Practitioners Act 2007. In respect of the preliminary stage of the Complaints process, specific provisions in the 2020 Act relating to complaints were commenced on 6 May 2025 and introduced changes to the investigation of complaints at the preliminary stage. All complaints received after 6 May 2025, are being investigated under the Medical Practitioners Act 2007, as amended by the 2020 Act. Complaints received before 6 May 2025 continue to be investigated in accordance with the Medical Practitioners Act 2007 prior to amendment.

All complaints received after 6 May 2025 are now assessed by the CEO. The CEO must first consider whether a complaint is frivolous vexatious or not made in good faith and where such a decision is made by the CEO, the complaint will be closed. The CEO exercised this power in respect of complaints against 31 doctors. In all other cases the CEO is obliged to investigate the complaint. The CEO appoints the authorised officers to carry out investigations that are directed by the CEO. These new legislative provisions facilitate timely investigations and earlier resolution of certain complaints.

Origin of Complaints received

Table 1.

	Grand Total
Member of the public	332
The Medical Council, the doctor’s conduct having come to the Council’s attention through the media or otherwise	45
From or on behalf of a healthcare institution	11
Solicitor or Solicitors firm not acting on behalf of a member of public (i.e. complaining about a failure to furnish a report etc)	6
The Medical Council having been notified by a body in another state (Internal Market Information/General Medical Council)	4
HSE	4
Patient Advocacy Group	3
Anonymous	2
Healthcare Professional	1
The Medical Council on the basis of information received from the HSE/PCRS	1
Total	409

The following breakdown of doctors subject to complaints in 2025 may not reflect the total number of complaints as above. This is due to the fact that in some instances, a doctor may be subject to two or more complaints, and in this case, demographic detail is only accounted for once.

Unique doctors broken down by age and gender

Table 2.

Age	Female	Male	Total
20-35	15	26	41
36-45	42	69	111
46-55	43	69	112
56-64	28	81	109
65-70	12	37	49
Grand Total	140	282	422

Unique doctors broken down by Registration Division and Category

Table 3.

Category	General	Specialist	Supervised	Trainee Specialist	Total
Category 1 (Qualified in Ireland)	30	210	0	12	252
Category 2 (EU Citizen Qualified in EU/EEA)	13	43	0	2	58
Category 3 (Non-EU Citizen Qualified in EU/EEA)	6	5	0	2	13
Category 4 (Qualified outside EU/EEA)	53	38	1	4	96
Category 4 (Qualified in UK)	0	3	0	0	3
Grand Total	102	299	1	20	422

Complaints considered by the CEO

The amendments in the Regulated Professions Act 2020 have granted the CEO the power to decide whether a complaint is frivolous or vexatious or not made in good faith. This new amendment allows for earlier resolution of complaints.

“Frivolous” complaints are understood to be complaints which are trivial. The Supreme Court has defined “trivial” complaints as those which are misconceived or bound in law to fail. A similar definition applies in respect of “vexatious” complaints. Repeat complaints which are an abuse of the complaints process are considered to be “vexatious”. This is just guidance and each complaint will be assessed in respect of its particular facts.

197 complaints were considered “post commencement” in 2025. The percentages below reflect what percentage of complaints (i) the CEO was satisfied were not made in good faith or frivolous or vexatious, (ii) what the CEO deemed appropriate to open, and (iii) were considered by the CEO in total.

Complaints considered by the CEO

Table 4.

CEO Decision	Volume	%
(57(2B) The CEO is satisfied the complaint is not made in good faith or frivolous or vexatious	31	16%

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 2025 are observed in the tables below.

Table 5.

	Volume	%
Professional Conduct	39	10%
Dishonesty	25	6%
Informing Medical Council of other regulatory proceedings/decisions etc.	9	2%
Breach of the Medical Practitioners Act 2007	8	2%
Criminal Convictions	2	0%

Table 5. continued

	Volume	%
Responsibilities to Patients	179	44%
Communication	133	33%
Reporting obligations concerning abuse of children/elderly/vulnerable adults	7	2%
Treating Patients with dignity	39	10%
Refusal to Treat	32	8%
Conscientious objection	4	1%
Emergencies	4	1%
Appropriate Professional Skills	53	13%
Adequate Language Skills	4	1%
Physical and intimate examinations	10	2%
Personal Relationships with Patients	3	1%
End of Life Care	5	1%
Assisted Human Reproduction	0	0%

	Volume	%
Professional Practice	131	32%
Maintaining Competence	7	2%
Reporting Concerns about Colleagues	8	2%
Professional relationships between colleagues	13	3%
Professional Indemnity	2	0%
Accepting Posts	0	0%
Treatment of Relatives	8	2%
Advertising	3	1%
Premises and Practice Info	5	1%
Medical Reports	31	8%
Certifications	0	0%
Prescribing	63	15%
Referral of Patients	19	5%
Locum and rota arrangement	0	0%
Telemedicine	13	3%
Retirement and transfer	0	0%
Fees	11	3%

	Volume	%
Medical Records & Confidentiality	34	8%
Maintenance of accurate and up to date patient medical records	23	6%
Confidentiality	12	3%

Table 5. continued

	Volume	%
Relevant Medical Disability	30	7%
Alcohol Abuse	1	0%
Drug Abuse	7	2%
Mental or behavioural illness	24	6%
Physical illness	2	0%

	Volume	%
Treatment	198	48%
Consent	20	5%
Clinical investigations & examinations	98	24%
Diagnosis	61	15%
Follow up Care	84	21%
Surgical Procedures	35	9%
Continuity of Care	43	11%

PPC Decisions

This data is recorded on a per-doctor basis, as some complaints have more than one doctor subject to the complaint.

Table 6.

Decisions	Volume	%
Non Prima Facie	301	78%
Fitness To Practise	86	22%
Total	387	100%

NPF Breakdown	Volume	%
S61.1 (a) No further action	250	83%
S59.10(a) Withdrawal Accepted	13	4%
S59.9(b) Complaint was trivial, vexatious, without substance, or made in bad faith	21	7%
S61.1(b) referred to a professional competence scheme	11	4%
S61.1(c) Mediation	1	0%
S57 (8) Refused to consider	1	0%
S55(1) Correct the Register in the event of a practitioner's death	4	1%
Total	301	100%

Section 60 Considerations

The Medical Council may consider documentation in relation to a doctor to decide whether an application to the High Court is warranted for an order to suspend the registration of the doctor.

In 2025, there were 35 doctors considered over 47 Medical Council meetings. A doctor may be considered by the Medical Council on more than one occasion.

Table 7.

Council Action	Volume	%
The Medical Council adjourned consideration of the matter	2	4%
The Medical Council took no further action on this occasion	2	4%
The Medical Council accepted an Undertaking from the doctor	30	64%
The Medical Council made an application to the High Court	13	28%
Total	47	100%

In 2025, 13 Doctors were considered by the High Court over 20 High Court attendances. A doctor may be considered by the High Court on more than 1 occasion. The figures below break down the details of those considerations.

Table 8.

High Court Action	Volume	%
The High Court took no further action	1	5%
High Court Undertaking	11	55%
High Court Order	8	40%
Total	20	100%

Fitness to Practise (FTP)

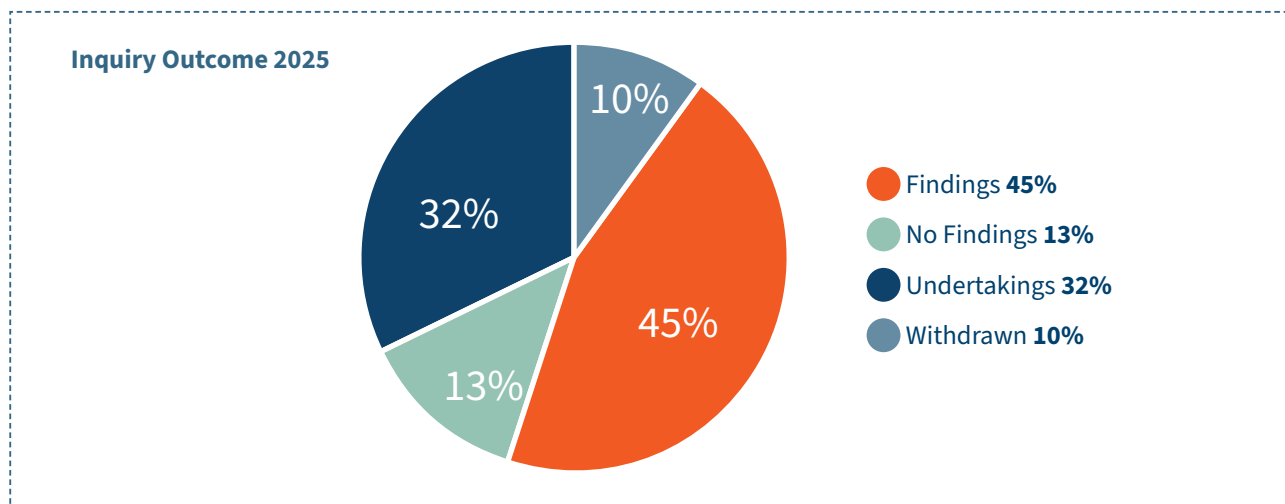
In 2025, the FTP function completed² 71 complaints, representing a substantial increase in activity compared with the previous year. This marks a rise from 43 matters completed in 2024, reflecting continued growth in the volume of cases coming before the Committee. This year on year change represents a 65% increase in the number of complaints concluded by the Fitness to Practise function in 2025.

2. Timelines are measured based on the timeframe between the date the PPC refers the case to FTP for Inquiry and the date the FTPC's Report is confirmed.

Outcomes

Of the 71 complaints completed, 32 resulted in findings, 23 resulted in undertakings, in nine cases no findings were made, and seven cases concluded with withdrawals across the relevant statutory provisions³.

Graph 1 – Outcomes of Complaints Completed in 2025

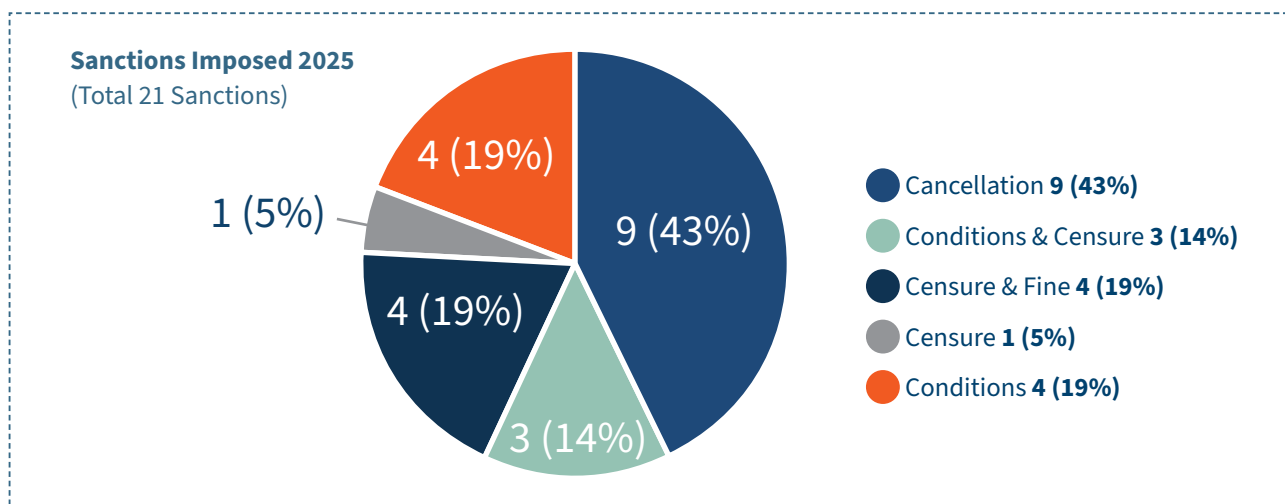


These figures illustrate the range of regulatory outcomes applied by the Fitness to Practise Committee and provide insight into how complaints progressed through the statutory process.

Sanctions Imposed by Council in 2025

Where the FTP Committee makes findings against a practitioner, the Council is required to impose an appropriate sanction in line with the legislation. A breakdown of the sanctions imposed is illustrated at Graph 2. This provides an overview of the range of sanctions applied in 2025. Sanctions were imposed in 21 cases. In some instances, more than one sanction was imposed on the Doctor (for example, censure and conditions).

Graph 2 – Sanctions⁴ Imposed Following Findings in 2025



In 2025, the Council dealt with a further 26 FTP related matters at its regulatory meetings.

Caseload and Referrals

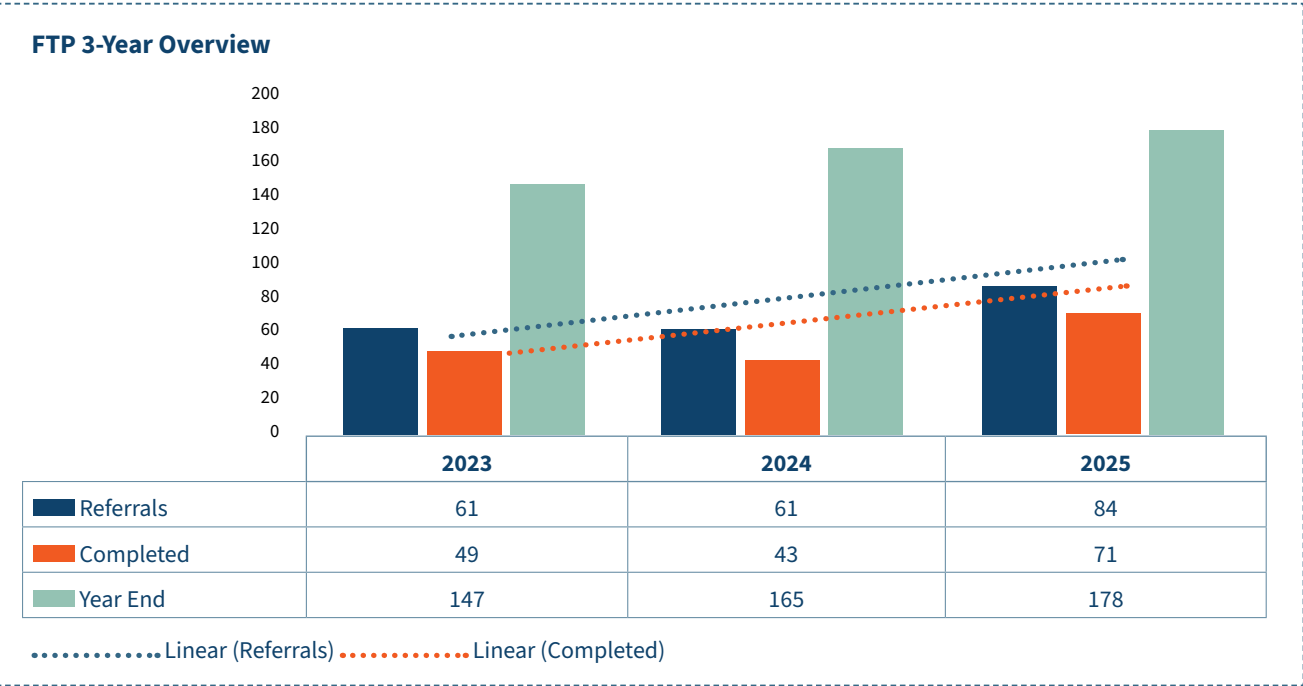
At the end of 2025, the FTP Function was managing and investigating 178 live cases. This figure includes 84 new complaint referrals from the Preliminary Proceedings Committee (PPC) in 2025. Referrals in 2025 were 37.7% higher than the 61 PPC referrals made in 2024.

3. This included withdrawals under section 68 of the Medical Practitioners Act 2007 (the 2007 Act³) and withdrawals under section 52(6) of the 2007 Act.

4. The sanctions imposed by the Council in 2025 include outcomes from cases that were heard before the FTFC in 2024.

The graph below illustrates a year-on-year increase in the number of referrals of new complaints to the FTPC for 2023, 2024 and 2025.

Graph 3: Year on Year Referrals to the FTPC, 2023–2025



This upward trend shows that the volume of new cases referred from the PPC has continued to grow steadily since 2023 and although more cases were completed in 2025, the rate of incoming referrals has continued to exceed the number of cases completed.

In 2024/2025, the FTP function continued to enhance its caseload controls, with a sustained focus on securing undertakings where appropriate and encouraging early admissions in suitable cases, whilst ensuring that findings are made in cases where this is warranted and is in the public interest. The FTP function continues to review referral patterns and case progression data to support ongoing improvements across the complaint’s spectrum. In the context of the upward trend in referrals seen in 2023, 2024 and 2025, the FTP function remains committed to continuous improvement and to delivering faster, fair and effective Fitness to Practise outcomes. These ongoing improvements will support the planning and management of cases throughout 2026.

FTP Callover meetings

Callover meetings take place regularly to support the effective and efficient management of cases referred to the FTPC. At these meetings, the FTPC hears oral submissions on a range of preliminary applications including:

- applications for inquiries to be held in private, including anonymity applications
- mode of hearing applications (applications for matters to be dealt with remotely or on a hybrid basis)
- applications for summonses including witness or production summonses
- applications to set hearing dates and applications relating to the service of documents
- applications from Complainants to withdraw their complaints
- requests to medical practitioners to provide undertakings or consents

In 2025, 25 Callover meetings took place at which 65 matters were considered.

Table 1 – Hearing Days 2025

Hearings Held	
Completed	71 ⁵
Adjourned (commenced not concluded)	5
Investigation Caseload (incl. 84 new referrals from FTP)	178
No. hearing days ²	80
Average No. of Days per hearing	1.13
Callover meetings ⁶	25

Table 2 – Mode of Hearings Breakdown

Hearings Held	
Remote	59
Fully in person	3
Hybrid	9

Table 3– Hearings - Public/Private/Other

Hearings Held	
Public	26
Private	43
Part Private	2

Table 4 – Reasons for Hearings in Public/Private/Other

Reasons for complaints held in private/part private	
Complainant	2
Registrant	11
Application by complainant and registrant	2
Witness	4
Completed at Preliminary Stage/Callover	26
Matters considered by Medical Council	3

Table 5– Hearings - Represented Registrants/Unrepresented Registrants

Hearings Held	
Represented medical practitioners	38
Unrepresented medical practitioner	33

5. This includes matters that were disposed of at an inquiry and during callovers.

6. This is in addition to the hearing days.

Appendix D

Freedom of Information Statistics

Type of Request	2025
Personal	23
Non-Personal	47
Mixed	3
Total	73

Status of Requests	2025
Granted	7
Part Granted	36
Refused	25
Withdrawn	5
Total	73

Data Protection Statistics

Requests received under the Data Protection Act 2018 and General Data Protection Regulation 2016/679 (the 'GDPR')	2024
Subject Access Requests	19
Erasure Requests	4
Rectification Requests	1
Restriction of Processing Requests	1
Other	58
Total	83







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