Comhairle na nDochtúirí Leighis
Medical Council

Business Plan 2025

Protecting the public through effective medical regulation

Updated 07 August 2025

Contents

Foreword

As the body responsible for the regulation of registered medical practitioners in Ireland, the Medical Council recognises its important role and responsibility to protect the public through effective medical regulation.

This Business Plan for 2025, the first arising from our new Statement of Strategy 2025 – 2028, is crafted with a clear focus on key priorities per directorate, ensuring a targeted and effective approach to our goals. As an organisation, we are committed to fulfilling our remit in protecting the public to ensure we have a strong foundation to allow for the delivery of our strategy over the next four years.

We have taken into account a number of priority areas to improve our registration processes and timeframes, and to implement and embed recent legislative changes to our complaints and Fitness to Practise processes. We will also remain cognisant of our budgetary and resource capacities and limitations, as well as our risk appetite and framework.

The Medical Council will take a more proactive role in ensuring that its regulatory voice is heard and that it provides a greater contribution to existing patient safety infrastructure to address issues that prevent future incidents as much as possible.

We also acknowledge the Programme for Government and believe this business plan and our commitment to improvement, will allow us to protect the public through effective medical regulation.

Our Plan has been developed with a cross-organisational approach, aligning with our new strategy and adopting SMART (Specific, Measurable, Achievable, Relevant, Time-bound) goals. This ensures that our objectives are realistic and achievable, focusing on the most critical areas for action and development.

We invite all stakeholders to join us in this journey, as we strive to make a lasting impact on the health and wellbeing of our country.

As an organisation we are committed to fulfilling our statutory remit of protecting the public through improving patient safety and improving registration and regulatory processes, and ensure we have a strong foundation to allow for the delivery of our new strategy over the next four years.

Our Core Activities

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

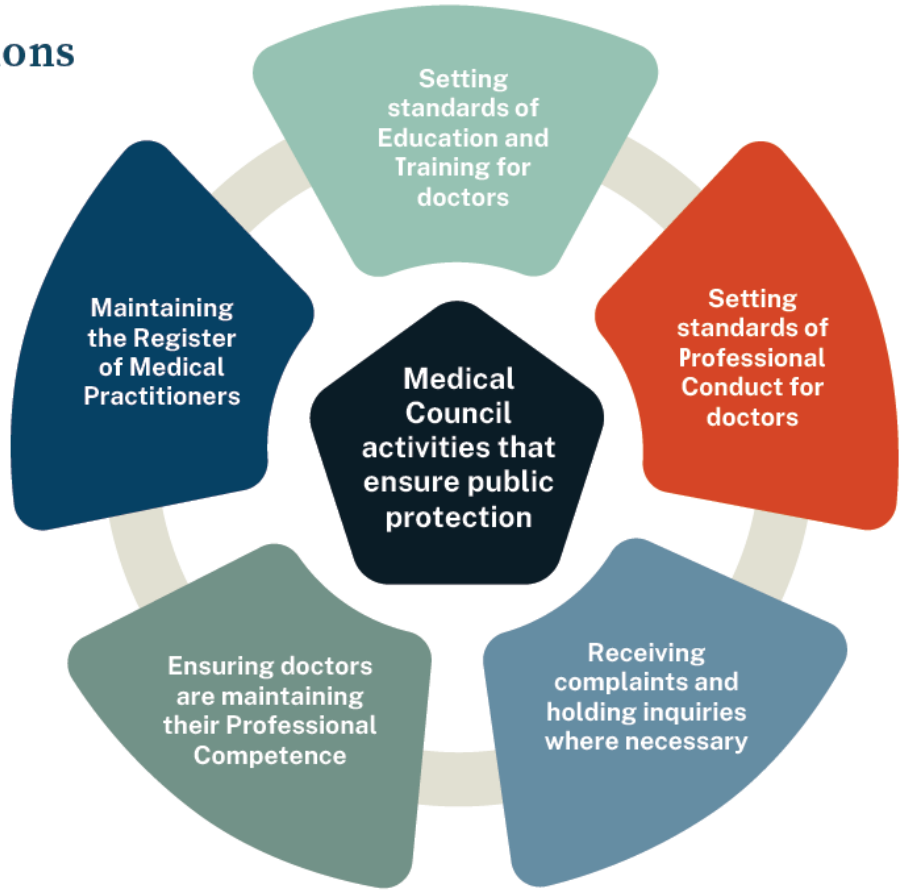
The primary responsibility of the Council is described in the Act as being 'the protection of the public'. The Council has a range of functions that enable it to fulfil this responsibility.

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.

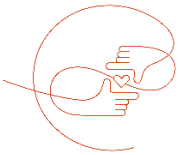
Key Functions



Our Values

At the heart of our strategic plan are our core values, which guide our actions, decisions and interactions with members of the public, doctors and our stakeholders to ensure patient safety.

We pledge to uphold these values, fostering a culture that empowers our staff, supports doctors, and ensures patient safety. These values underpin our interactions with everyone across the healthcare continuum.



Trust

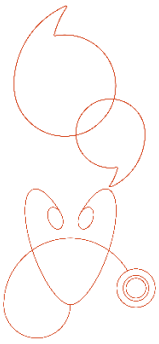
We act with integrity, honesty and consistency.

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.

Our PURPOSE is public protection, ensuring safe and professional doctors

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

Our Strategic Themes

While continuing to deliver our core statutory functions, the following strategic themes will underpin our development in the years to come.

Transform

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

In the lifetime of this strategy, we will continuously improve our core functions in accordance with the Medical Practitioners Act, 2007 (as amended) – 'the Act'.

We will continue to review and improve the efficiency of our registration processes, utilising all of the powers in the Act to support the timely registration of doctors.

Data will play a vital role in transforming our services and supports, and will enable our delivery of clear actionable insights, helping our teams make informed decisions and as well as informing doctors and our stakeholders about our processes and outcomes.

Balance

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

We will apply our regulatory functions proportionately across registration, retention, education and training, maintenance of professional competence and our complaints processes to proactively protect the public and uphold confidence in the medical profession.

Our functions in the management of complaints will be improved by amendments to our legislation and by continuous improvement processes.

We will also implement legislative changes to improve and strengthen our registration and retention process, under Part 6 of the Act in addition to a programme of continuous improvement.

Continuous improvements to medical education and professional competence programmes will be informed by our insights from the complaints process, emerging trends in regulation and evolving healthcare environments.

Empower and Support

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

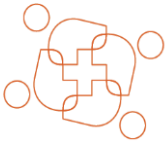
We are dedicated to supporting a professional environment that enhances public protection and supports the continuous professional growth and wellbeing of doctors.

The standards and guidelines for education and training for doctors which are central to effective proactive regulation will be informed by data and insights from our regulatory activities.

As an outcome of our work in receiving complaints and holding inquiries, we will be proactive in the identification of patient safety risk areas.

Our accreditation of training programmes and site inspection processes will allow us to identify where the environment does not support safe medical education, training or maintenance of professional competence.

Invest



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

Our people* are key to ensuring that the Medical Council meets its regulatory obligations and fosters a culture of excellence, integrity, and continuous improvement.

We are committed to retaining, developing and attracting highly skilled and motivated people capable of adapting to the ever-evolving demands of the regulatory environment.

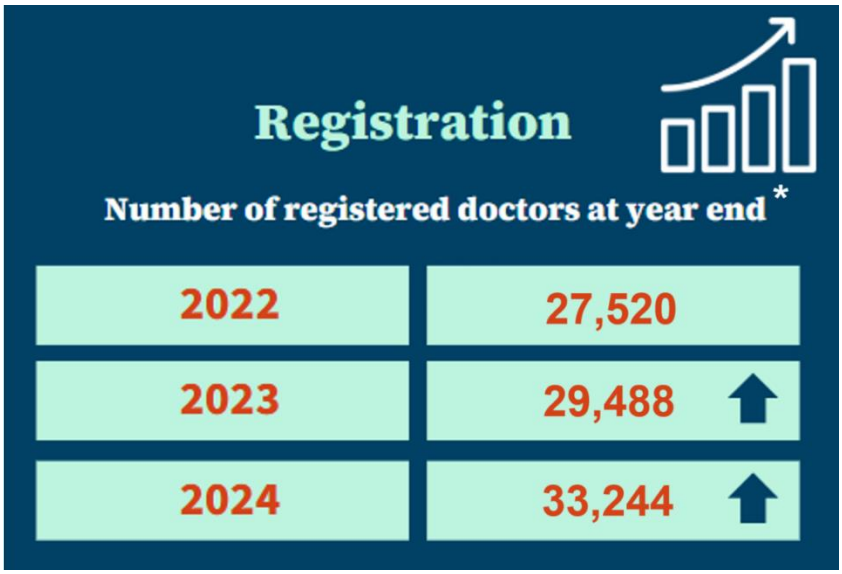
We will continue to empower our people to enable them to efficiently deliver our functions in accordance with the Act.

We will continue to foster a positive and inclusive work environment that promotes well-being and professional growth, where everyone has a voice, feel that they belong and are valued for their individual skills and abilities.

*Our People is a collective term that includes Medical Council staff, Council members, Committee and panel members, assessors and other experts who work at the Medical Council or support the Council as it makes decisions to protect the public.

Our Core Statutory Activities

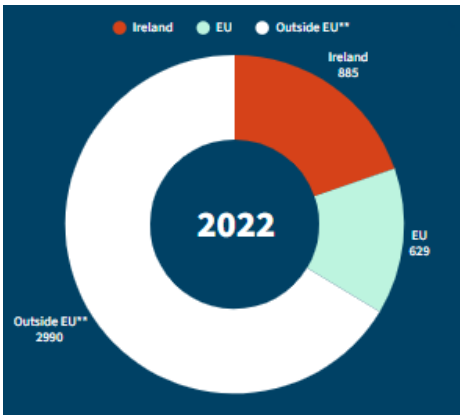
Registration and Annual Retention

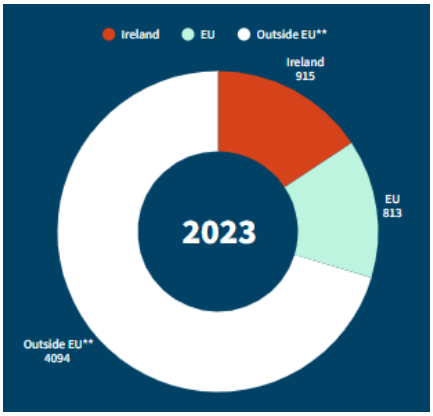


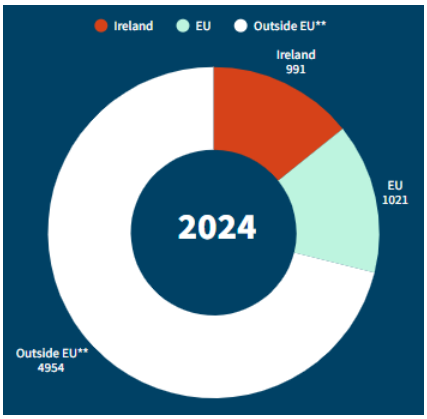
Annual Retention and Restoral to the Register

Year	Doctors Invited to retain registration	Doctors who retained registration	Restoral Requests following closure of retention window.
2022	24,529	23,190	51
2023	25,474	24,794	144
2024	27,276	26,591	158

Applications to the Register of Medical Practitioners

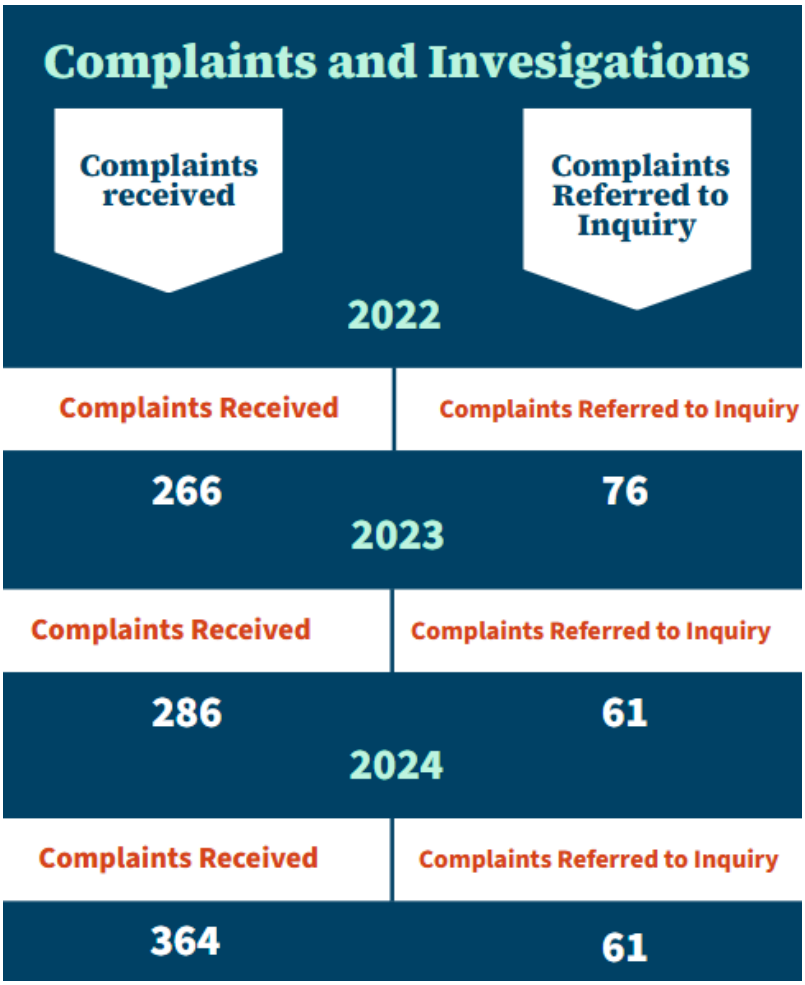






* These figures reflect all doctors on the Register at year end and not doctors clinically active and working in Ireland. This includes those registered as Interns. Statutory provisions for a Register of Interns have not yet been commenced. This results in a higher number of interns present on the Register than are available for clinical practice.

Complaints and Referral Statistics



Fitness to Practise Inquiries Held

Inquiries Held	
Year	Inquiries Held
2022	29
2023	49
2024	43

Our Directorate Structure

Regulatory Operations and Support Services

This Directorate is responsible for the operational delivery of the following regulatory services: Registration and the regulation of education, training and competence programmes across the lifelong learning of the doctor. These core proactive services are key in ensuring public safety by declaring and ensuring that standards are met. This Directorate also plays a key external-facing role via the Medical Council Contact Centre as well as providing the Liaison Services as required.

Complaints and Investigations and Fitness to Practise Directorate

This Directorate is responsible for performing regulated Complaints and Investigations activities in line with the statutory obligations of all relevant legislation. This Directorate is also responsible for performing regulated Fitness to Practise activities in line with the statutory obligations of all relevant legislation. This Directorate provides centralised coordination of all monitoring activity that is taking place across the Medical Council including the management of performance assessments and the monitoring of all live disciplinary outcomes across the organisation. These key activities maintain public confidence in medical practitioners and in our regulatory processes.

Regulatory Policy, Research and Standards Directorate

This Directorate is responsible for leading on the development of regulatory policy and Medical Council position papers, for establishing and monitoring Regulatory Standards, Guidelines and Rules across the lifecycle of the doctor, and for conducting original research. The output of this Directorate informs medical education and training, registered doctors and contributes to the regulatory effectiveness of the Medical Council.

Strategy & Business Services Directorate

This Directorate is responsible for coherent strategy development, execution and business planning across the organisation. It is also responsible for Corporate Affairs, Council Governance, Information Governance, Risk & Compliance, Planning and Business Intelligence, Communications & Engagement and Legal activities including Legal Services and Legislative Affairs. This work is crucial to ensuring that the Medical Council progresses against its goals to protect the public.

Finance, IT and Digital Transformation

This Directorate is responsible for ensuring that the Medical Council is providing a cost effective, responsive and accountable service which meets the needs of our people and stakeholders and ensures the proper stewardship of the Council's funds. To achieve this, the Directorate ensures operational delivery for the following areas: Finance, ICT, People and Culture, Procurement, Internal Audit and Facilities.

Medical Council Business Plan 2025

The Medical Council's Leadership Team have developed the 2025 Business Plan to address the top priorities for the coming year which underpin our role in protecting the public. The planning process has taken into account our budgetary and resource capabilities and is designed to plan for the future while establishing a solid foundation for our new Statement of Strategy. Our primary aim is protecting patient safety through quality-assuring doctors' knowledge, skills and attributes using regulatory processes that ensure that doctors who are admitted to the register and remain on the register are fit to practise.

The Business Plan 2025 has been developed with a focus on evolving our regulatory responsibilities aligned to the Council's Statement of Strategy 2025-2028. In order to ensure our role in protecting the public, priority will be given to improving the efficiency of our registration, complaints and investigations and Fitness to Practise inquiry programmes. Much of the work identified in the 2025 Business Plan relates to development of a right touch approach which should have a positive impact on the regulatory functions.

Intensive work is also underway to address our financial deficit and improve overarching governance practices across the organisation. Much of the transformation will rely on multi-year projects, however intensive efforts will be resourced to address our critical priorities. This may result in some, while important, actions being postponed.

Key Goals for 2025

Registration

The maintenance of the Register of Medical Practitioners is a core function of the Medical Council and there are over 30,000 doctors on the register. It is envisaged that up to 7000 doctors will submit an application for eligibility or to be included on the register in 2025.

1. The Medical Council will continue to improve the accuracy and accessibility of the Register of Medical Practitioners.

2. Registration process improvements will be implemented across all routes with key focus on the following four routes, ensuring that processing timelines in key application routes for completed applications are reduced by 20% (against 2024 figures):

   Maximum Processing Times[1]

   a. EU and UK General Division Route – 12 weeks
   b. EU and UK Specialist Division Route – 12 weeks
   c. Non-EU Certificate of Experience (COE) Route – 47 weeks
   d. Restoral to the Register Pathway – 4 weeks

3. Resources from across the entire organisation will be allocated dynamically to mitigate application queues that arise during the year particularly during periods of peak activity for Annual Retention and internship registration.

4. The Medical Council will actively continue to seek increased capacity for applicants to undertake PRES 3 and to procure a framework of providers of this examination.

[1] Maximum processing times currently specify the longest period from the date of submission of an application via the Medical Council's online application portal to the date when an applicant is notified of their eligibility to apply for registration. This timeline will be changed in late 2025 to record the time period from the date an application is deemed complete to the date being deemed eligible to register.

Complaints and Inquiries

As the Register of Medical Practitioners continues to grow and based on current complaint trends, it is anticipated that the Medical Council will receive over 450 complaints in 2025. It is understood that the complaints process can be a troubling time for both the doctor and complainant which can be further exacerbated by delays in the process.

The Council will introduce new processes this year which will allow for early resolution or less serious complaints. It will also introduce efficiencies to reduce the waiting time before a decision to progress a complaint is made and also to reduce the waiting time for inquiries.

5. A streamlined process for managing undertakings and consents at PPC stage introduced by the commencement of provisions of the Regulated Health (Health and Social Care) Amendment Acts, 2020 and 2023 will be implemented to reduce the number of complaints that progress to inquiry by approximately 15%.

6. The Medical Council will proactively conclude 60 pending inquiries during the year which will reduce the overall wait time for medical practitioners pending inquiry.

7. The Medical Council will engage with the Department of Health to secure legislative amendments which will further reduce the waiting times for inquiries, the confirmation of opinions of the Preliminary Proceedings Committee and the confirmation of sanctions following inquiry.

8. Improvements to the Fitness to Practise (FTP) process will reduce inquiry timelines by the end of 2025. Whilst the Medical Council now processes complaints under the amended legislation, it will also continue to close out the complaints received before the legislation was amended.

   The following processing timelines will be met in the vast majority of cases:

Receipt of complaint to Preliminary Proceedings Committee decision	-	12 months or less
Preliminary Proceedings Committee decision to opening of FTP Inquiry	-	24 months or less

9. Improved processes for the triaging of complaints, the implementation of provisions from the Regulated Professions Amendment Acts and the creation of subcommittees of the PPC will allow the focusing on the early resolution and appropriate regulatory intervention to reduce timeframes for complaint management.

10. Timely regulatory guidance will be provided for patients, doctors and stakeholders relating to notifiable incidents and open disclosure.

11. Regulatory interventions to support doctors and complainants (such as Performance Assessment, Health Committee and CareHUB) will be refined and improved.

Education and Training,

It is the Medical Council's responsibility to ensure the highest standards of medical education and training in the Republic of Ireland. This also include the accreditation of faculties and institutes where education programmes are delivered.

12. The Medical Council will further enhance the quality of medical education, training and patient safety. A phased adaptation and mapping of the new suite of standards across all previous accreditation activities supporting stakeholder engagement, familiarisation and transition to the new suite of Standards 'Driving Quality: National Standards for Medical Education & Training'.

13. The National Graduate Outcomes Project will be advanced. The aim of this project is to develop a set of national graduate outcomes criteria to be implemented by all medical schools in Ireland, supporting the transition, preparedness to practice from student to doctor, and ultimately patient safety.

Maintenance of Professional Competence

In order to ensure that doctors continue to be up to date in their knowledge, competence and skills, it is a requirement that they are enrolled in a professional competence scheme. There are several developments planned for 2025.

14. The new Maintenance of Professional Competence Framework and the Continuing Professional Development Accreditation Model will be implemented in 2025. This includes launching the new framework and rules by May 1, 2025, and supporting doctors and postgraduate training bodies through a comprehensive communication strategy to ensure widespread understanding and compliance with the updated requirements.

    A key objective of this implementation is to enhance patient safety by ensuring that all doctors maintain up-to-date knowledge and skills, thereby promoting high standards of clinical care and professional practice.

Ensuring a compliant, efficient and sustainable organisation

In addition to the fulfilment of core our statutory functions that protect the public, The Medical Council will improve the governance and the efficiency and effectiveness of its operations to ensure that decisions are properly made within a reduced timescale and that the organisation operates in a sustainable manner.

15. The Medical Council will implement cost saving initiatives will ensure that our financial performance is more closely tracked, monitored and reported to contain and reduce targeted operational expenditure by up to 15% when compared to 2024.

16. Revised and streamlined core governance documents to include the Corporate Governance Framework and Standing Orders will provide greater clarity and transparency on the operation of Council and its committees.

17. Following the completion of an employee satisfaction survey, actions will be taken to actively address cultural issues impacting on productivity and workforce satisfaction.

18. The development of both a Data Strategy and Digital Transformation Strategy will provide a clear roadmap for the specification and design of our future ICT development.

Delivery of Objectives from our Statement of Strategy in 2025

Registration and Annual Retention

Sub Objective	2025 Actions	Delivery Timeline
Streamline the registration and annual retention processes to improve timelines and efficiency. (5.4)	**1.** Achieve at least 20% reduction against Q4 processing times across key application routes.	**Q2 – Q4** Provide quarterly updates on application processing times to Department of Health and other key stakeholders. **Maximum Processing Times[1] for complete applications:** • EU & UK Gen Div – 12 weeks • EU & UK Specialist Div – 12 weeks • Non-EU (COE) Route – 47 weeks • Registration Restorals – 4 weeks
	2. Review and enhance registration processes aligned with QMS for continuous improvement.	**Q1-Q2** Implement cross-organisational project team to maximise annual retention compliance within the deadline (by 1st July 2025). **Q2 – Q4** Identify operational policy matters (and approve revised policies) that could improve the end-to-end processing time. **Q4** Conclude audit to ensure full alignment of registration process with primary legislation.
	3. Reduce registration application processing times through targeted efficiency improvements and resource optimisation.	**Q2 – Q4** Review and refine existing policies and implement operational policies (with the approval of the Executive Leadership Team (ELT) and the Registration and Continuing Practice Committee) that positively impact reducing registration timelines. **Q3** Ensure resources are optimised and streamline operational processes to improve registration efficiency, in particular review the 'GenForm' process and requirements.

[1] Maximum processing times currently specify the longest period from the date of submission of an application via the Medical Council's online application portal to the date when an applicant is notified of their eligibility to apply for registration. This timeline will be changed in late 2025 to record the time period from the date an application is deemed complete to the date being deemed eligible to register.

		Q3-Q4 Implement approved policy changes and ensure assessment criteria is clearly defined and communicated. **Q2-Q4** Revise manual trackers to improve data capture, including using data validation and revising data points. **Q2** Identify policy matters that delay assessment. **Q3** Define revised assessment criteria. **Q4** Implement approved policy changes.
Introduce an agile quality management and assurance systems across our administrative and regulatory processes. (4.1)	**1.** Map and document the registration processes for key registration routes.	**Q1** Complete Process Maps for core registration routes. **Q2** Develop SOPs for core registration processes. **Q2** Draft new policies that streamline registration process and seek RCPC approval. Revise process steps. **Q2 – Q3** Implement new process steps.
Define, capture and align key data across the full regulatory lifecycle of the doctor (2.1)	**1.** Continually revise and improve process changes arising from the mapping of all registration routes drawing on implemented process changes.	**Q3** – Implement new Certificate of Good Standing (COGS) Policy. **Q2-Q3 –** Revise manual trackers to improve data capture, revising data points, including data validation. **Q4** – Deliver amendments to Prism[2] to cater for new process provisions.
	2. Improve and develop the Annual Retention Application Form (ARAF) and regulatory data, and include new questions in 2025 ARAF process to inform workforce planning and patient safety issues.	**Q1** New ARAF Questions agreed for 2025. **Q2** New ARAF Questions coded into ICT system and are operationalised for ARAF 2025. **Q4** Questions prepared for ARAF 2026 to assess gaps and align with Regional Health Authorities.
Develop new regulatory policy, rules and procedures in preparation for commencement of new legislation. (7.1)	**1.** Scope amendments to the Registration rules to support the changes required under the new legislation.	**Q4** Consider requirement for rules to underpin new provisions of the Regulated Professions (Health and Social Care) (Amendment) Acts 2020 and 2023.

[2] Prism is the name given to the Medical Council's Registration Administration System

Complaints and Inquiries

Sub Objective	2025 Actions	Delivery Timeline
Improve the timeframe for resolving complaints through the implementation of process improvements in accordance with provisions of the Amendment Acts. (6.3)	**1.** Operationalise the amendments to Part 7 of the Medical Practitioners Act.	**Q2** Provide commencement table to Department of Health.
	2. Implement newly commenced provisions of the amended Act enabling the PPC to accept undertakings and consents from doctors the subject of a complaint.	**Q2** New provisions to go live expected in May 2025.
	3. Complete 60 Inquiries through the FTP process by end of 2025.	**Q1** – 15 inquiries concluded. **Q2** – 30 inquiries concluded. **Q3** – 45 inquiries concluded. **Q4** – 60 inquiries concluded.
	4. Continue to review and enhance the FTP process, to improve timelines and efficiency, including driving down costs, where possible.	**Q3** Undertake Review of FTP timelines: **12 months or less** Receipt of complaint to Preliminary Proceedings Committee decision. **24 months or less** Preliminary Proceedings Committee decision to opening of FTP Inquiry. **Q4** Complete and document review.
	5. Review and set FTP related KPIs by end of Q2/2025.	**Q3-Q4** Provide FTP KPI's to ELT for review and approval.
	6. Review and update existing FTP triage guidance/risk framework.	**Q4** Review triage framework following six months of operation under new framework.
	7. Implement and embed FTP related legislative amendments commenced by the Regulated Professions (Health and Social Care) (Amendment) Act 2020 and related legislation Q2-Q4/2025 Continue to support FTP Committee and FTP decision making process in line with best practice.	**Q1** Internal procedures, correspondence templates and website content is updated to reflect new process for responding to complaints after commencement of FTP provisions.

Adopt the principles of 'Right-Touch' Regulation that ensure risk based, robust and proportionate regulatory processes. (5.1)	**1.** Continue to review and enhance the FTP process, to improve timelines and efficiency, including driving down costs, where possible.	**Q2- Q4** Ongoing review and case management of all cases referred to FTP. Continue to identify cases suitable for early regulatory intervention and remediation through undertakings.
Introduce a new regulatory approach to respond to concerns about a doctor's practice, expediting those requiring Medical Council intervention, and signposting others to alternative routes where practicable. (6.1)	**1.** Design and implement a process for the Executive to triage complaints ensuring efficient and consistent management of cases received from the 6th 2025.	**Q1-Q4** Preparation for new legislative amendments introduced in Q2. All complaints received after commencement date are addressed through the new legislative scheme. **Q4** Complete workflows and finalised team design.
	2. Implement the proposed triage, process supported by detailed documentation of workflows and finalised team design plan.	**Q1** New process for managing undertakings and consents approved by PPC and Council. **Q2** New process for acceptance of undertakings and consents live.
	3. Deliver targeted complaint management training for the contact centre.	**Q2** Contact centre commencing taking calls on complaints matters.
	4. Finalise 'go-live' plan ensuring all SOPs, escalation paths and contingency plans are documented.	**Q1** Finalise documentation of revised triage process. **Q2** Conduct training for all staff in Complaints and Investigations Unit.
	5. Review and refine the Performance Assessment (PA) process to ensure it is fit for purpose in the context of the new Complaints model.	**Q3 – Q4** Complete review of the current PA caseload to determine optimal case resolution strategies.
	6. Review the current Performance Assessment caseload and process and develop and implement proposed changes aimed at improving overall effectiveness.	**Q3** Conduct review of the overall PA process to identify areas for improvement. Present findings and proposed actions to RCPC. **Q3** Form a working group with key stakeholders to further develop and refine the proposed improvements to the PA process.
	7. Design and implement a streamlined process for managing undertakings and consents as a resolution method at PPC for cases received after 6th May 2025, ensuring compliance, efficiency and stakeholder satisfaction.	**Q1** Prepare for two complaint streams - those received prior to 6th May and those received on or after 6th May.

	8. Conduct FTP investigations (approximately 150 matters) in a just, robust, proportionate and timely manner, to include ongoing review of each matter.	**Q1 – Q4** Council and Department of Health to receive quarterly reports on the progress of investigations.
	9. Implement proposed process design for the management of undertakings and consents as a resolution method, including detailed documentation of workflows.	**Q1** Draft and finalise process to underpin the implementation of new powers under part 6 of the Act. **Q2** Implement new processes from the date of commencement of new provisions.
	10. Deliver PPC committee member training on revised legislation.	**Q2** Deliver Training to PPC on new legislative provisions.
	11. Support the Monitoring team, in its development of undertakings guidance to include bank of undertakings.	**Q2-Q4** Bank of Conditions to be approved and circulated.
Implement a risk-based framework across the continuum of the complaints process to support decision making and early resolution. (6.2)	**1.** Continue to implement Monitoring plan including the management of the increased monitoring.	**Q1 -Q4** Continue to liaise with the Medical Practitioners (< 100 registrants) subject to registration conditions or those who have given undertakings under section 60 of the Act.
	2. Create a comprehensive bank of undertakings and review the existing bank of conditions. Develop supporting protocols, templates and guidance and engage with stakeholders.	**Q1** Complete restrictive and educational conditions. **Q2** Complete health-related conditions. **Q3** Seek legal review of Bank of Conditions. **Q4** Undertake stakeholder engagement on finalised Bank of Conditions.
	3. Further build out the Executive Monitoring function to include delegation of monitoring responsibilities for Section 67 & Section 59A undertakings to the CEO.	**Q2** Secure required resources to complete Monitoring Team incl. the possible creation of business case. **Q3** Onboard new resources.
	4. Launch the monitoring webpages and publish a blog.	**Q2** Publish Blog on Medical Council website. **Q4** Update Medical Council webpages.

Develop new regulatory policy, rules and procedures in preparation for commencement of new legislation. (7.1)	**1.** Approve and publish rules for the establishing sub-committees for the Preliminary Proceedings Committee.	**Q1** Undertake consultation process and seek approval of revised rules. **Q2** Complete the approval of new PPC rules.
Review, evaluate and improve Council operations, governance arrangements, structures, capacity and performance to ensure that they are efficient, optimised and sustainable. (13.3)	**1.** Formalise the arrangements between and the Medical Council and its Therapeutic Services Provider for doctors subject to complaints.	**Q1** Review current arrangements with existing provider. **Q2** Draft specifications for Therapeutic Services Procurement. **Q2** Carry out market sounding exercise to determine suitable providers. **Q3** Procure Services for a provider of Therapeutic Services for registered Medical Practitioners.
	2. Develop, agree, and implement a plan taking recommendations regarding the Health Committee forward.	**Q1 – Q4** Progress the implementation of recommendations.
	3. Ensure that recommendations focus on governance aspects of the Health Committee agreed by Council as part of the Committees and Delegations Project.	**Q3 – Q4** Provide implementation report with respect to the process improvements at Health Committee.
Support doctors and complainants going through the Medical Council regulatory processes through the provision of professional guidance and information. (8.3)	**1.** Engage in collaborative external research with a variety of Stakeholders.	**Q1-Q4** Respond to ongoing requests through-out the year including national workforce planning projects.
	2. Establish a research network with Regulators and stakeholders.	**Q2** Stakeholder meetings with RCSI, HIQA, NMBI, NDTP, CORU, ICGP, CSP, DoH and MPS to progress collaborative effort to establish common data set and data sharing.
	3. Input into and support external research projects and address data knowledge gaps.	**Q1 – Q4** Updated data sent to strategic research evaluation unit for inclusion in workforce planning model: - Contribution to medical practitioners' projections workshop - Yearly aggregates prepared and sent to DoH for inclusion in EUROSTAT **Q2-Q3** Support research undertaken by RCSI on health workers migration in Europe.

		Q2-Q3 Circulate data on doctors working privately in Ireland to the NDTP. **Q4** Patient safety spotlight on new data collected in 2024 ARAF in collaboration with other regulators. **Q1- Q4** Provision of data in response requests from researchers and other stakeholders.
Support doctors and complainants going through the Medical Council regulatory processes through the provision of professional guidance and information. (8.3)	**1.** Continue to signpost support and advocacy services to doctors the subject of a complaint.	**Q1 – Q4** Correspondence with doctors will continue to be improved highlighting well-being, counselling, advocacy and legal supports that are available.

Education and Training

Sub Objective	2025 Actions	Delivery Timeline
Balance our focus across all our regulatory functions, including registration, retention, monitoring, lifelong training and education, performance assessment, and complaints. (5.3)	**1.** Execute the National Graduate Outcomes project successfully.	**Q1** Project Initiation Document signed off and agreed. Kick start meeting completed. **Q2** Phase 2, Desk Review stage of the project completed. **Q2** Interim Report produced and agreed. **Q3** Meeting with Mazars and IMSC completed, and stakeholder engagement commenced. **Q3 - Q4** Commence Phase 3 Stakeholder Consultations and Consultation Analysis. This phase of the project will roll into 2026. **Q1 –Q4** Milestone meetings attended by Forvis Mazars project team and members of the Medical Council and Executive project team.
	2. Design and rebrand trainee experience survey.	**Q1- Q3** Revise and final draft of survey questions. **Q3 - Q4** Stakeholder engagement on drafted survey questions to determine appropriateness of questions. Deliberations on reporting requirement and circulation of data.
Adopt the principles of 'Right-Touch' Regulation that ensure risk based, robust and proportionate regulatory processes. (5.1)	**1.** Develop a plan to commence the integration and transition of the new suite of standards throughout all phases of medical education and training accreditation activities.	**Q3** Standards & Guidelines Mapping Project Plan completed. **Q3** Staff workshops / training on the new suite of standards and guidelines completed. **Q3 & Q4** Mapping of all previous accreditation & inspection activity (Undergraduate, to Clinical learning sites, intern and postgraduate) to the new suite of standards commenced. **Q4** Stakeholder engagement (1-2-1 consultations and workshop or webinars) to commence to support familiarisation with the new suite of standards and guidelines completed.

Policy, Research and Standards

Sub Objective	2025 Actions	Delivery Timeline
Use our regulatory voice to raise patient safety risks identified through our processes. (8.2)	**1.** Take proactive approach to commenting on issues relevant to patient safety. Liaise with the NPSO and other patient safety agencies as required: - Publish the overprescribing report - Safestart Guide - Maintenance of Professional Competence CPD - Open Disclosure - ePrescribing - Telemedicine	**Q1 – Q4** Actively respond, provide guidance and share learnings on public protection/patient safety issues that emerge from healthcare practice via the following media: - Media Articles - Newsletter - Blogs - Position Statements
Define, capture and align key data across the full regulatory lifecycle of the doctor. (2.1)	**1.** Report on regulatory data relating to the Complaints and Registration Process.	**Q2 – Q4** Scope the extent of C&I data for publication beyond the annual report. **Q3** – **Q4** New regulatory data reports prepared for Council consideration.
Evolve our work in undertaking research, shaping regulatory policy and developing position statements to inform, develop and communicate our regulatory response. (9.1)	**1.** Deliver Workforce Intelligence Report Part 1.	**Q1** Produce the Workforce Intelligence Report based on 2024 ARAF Data. **Q2** Publish Workforce Intelligence report.
	2. Deliver Workforce Intelligence Report Part 2.	**Q3** Prepare and deliver Workforce intelligence reports based on those joining and leaving the register in 2024.
Maximise our opportunities to share our data, research and insights to contribute to dialogue and policy and on the regulation of doctors at national and international conferences. (9.3)	**1.** Participate in professional regulation conferences at national and international levels.	**Q1 – Q4** Prepare and submit abstracts for relevant conferences.
	2. Prepare and submit Research Proposals for External Conferences (IAMRA, CLEAR and others).	**Q1 – Q4** Present papers and attend relevant sessions sharing learnings internally.
	3. Prepare and submit Research Proposals for External Conferences (IAMRA, CLEAR and others).	**Q1 – Q4** Present papers and attend relevant sessions sharing learnings internally.
	4. Host International IAMRA Conference 2025 and engage in strategic discussions with external agencies attending the conference.	**Q1 – Q2** Engage in all preparations with Conference Working Group. **Q3** Ensure smooth running of Conference.

Utilise data obtained from our regulatory processes together with relevant data provided by accredited medical schools, postgraduate training bodies and clinical sites, and from related national and regional entities to effect improvements across the life cycle of the doctor. (11.1)	**1.** Maximise opportunities to share regulatory data with stakeholders, training bodies and the Department of Health.	**Q3** Liaise with external stakeholders and training bodies to share core messages from the Workforce Intelligence Report 2024.
Align our regulatory functions and processes with emerging legislation where applicable. (10.1)	**1.** Prepare and publish policies and position statements to support continuous policy improvement and patient safety.	**Q1 – Q2** Present General Division papers to Council for approval. **Q3** Complete research project and insight report on doctors on the general division and present to Council. **Q3 – Q4** Present Fit & Proper guidelines to Council for approval. Publish public version on Council website. Develop and implement SOPs and end user training. **Q3-Q4** Present AI Paper to Council and provide on website. **Q4** Complete recency of practice policy approach. **Q4** Survey doctors on General Division to actions to support patient safety.
Provide supplementary guidance to the Guide to Professional Conduct and Ethics to support doctors in their practice. (10.2)	**1.** Approve and publish guidelines to support the profession and the public.	**Q2 –** 'Safestart' Guidance published. **Q3** – Telemedicine Guidance published. **Q3** – Web-based guidance on Open Disclosure published. **Q4** – Prepare End of Life Care Discussion Paper for Council.
Utilise our data, research and policy capability to enhance public protection and to engage in and influence policy and legislation developments in the healthcare environment. (10.3)	**1.** Ensure close collaboration of internal teams to ensure our data is used to benefit the wider system.	**Q3 – Q4** Medical Council to engage proactively with stakeholders and the media on public protection and patient safety matters.
	2. Utilise public opinion research to inform our work.	**Q3 - Q4** Conduct surveys with the public, registered doctors and stakeholder groups to inform and guide our work.

Listen, learn, observe, and stay well informed, to deliver responsive regulatory processes. (8.1)	**1.** Conduct public opinion research on matters relating to patient safety within our regulatory remit.	**Q2** Publish report on doctor and patient views on reporting the complaints model. **Q3** Carry out field work and research. **Q4** Field work publication (and ongoing as relevant).
Support doctors and complainants going through the Medical Council regulatory processes through the provision of professional guidance and information. (8.3)	**1.** Engage in collaborative external research with a variety of Stakeholders.	**Q1-Q4** Respond to ongoing requests through-out the year including national workforce planning projects.
	2. Establish a research network with Regulators and stakeholders.	**Q2** Stakeholder meetings with RCSI, HIQA, NMBI, NDTP, CORU, ICGO, CSP, DoH, MPS to progress collaborative effort to establish common data set and data sharing.
	3. Input into and support external research projects and address data knowledge gaps.	**Q1 – Q4** Updated data sent to strategic research evaluation unit for inclusion in workforce planning model: - Contribution to medical practitioners' projections workshop - Yearly aggregates prepared and sent to DoH for inclusion in EUROSTAT **Q2-Q3** Support research undertaken by RCSI on health worker migrating in Europe. **Q2-Q3** Circulate data on doctors working privately in Ireland to the NDTP. **Q4** Patient safety spotlight on new data collected in 2024 ARAF in collaboration with other regulators. **Q1- Q4** Provision of data in response requests from researchers and other stakeholders.
Align our regulatory functions and processes with emerging legislation where applicable. (10.1)	**1.** Regulatory Standards: approve and publish guidelines to support the new single suite of medical education and training standards.	**Q2** Seek Council approval of the guidelines at the Council Governance meeting in June. **Q4** Publish guidelines on the Medical Council website.
Provide supplementary guidance to the Guide to Professional Conduct and Ethics to support doctors in their practice. (10.2)	**1.** Approve and publish guidelines to support the profession and the public.	**Q2 –** 'Safestart' Guidance published. **Q3** – Telemedicine Guidance published. **Q3** – Web-based guidance on Open Disclosure published. **Q4** – Prepare End of Life Care Discussion Paper for Council.

Share our data and insights with doctors, medical schools and postgraduate training bodies to inform their programmes and provide wider context, ensuring empowered partners across the continuum. (11.2)	**1.** Extend and improve the quarterly newsletter, Medical Council website and Blogs to include proactive messaging on relevant public protection and patient safety matters as they arise.	**Q2 – Q4** Introduce new statistical content in Medical Council communications.
Work with our partners on emerging issues and challenges that includes doctor wellbeing, multidisciplinary professional relationships, planetary health, artificial intelligence, equality, diversity and inclusion and sustainable healthcare. (11.3)	**1.** Collaborate with key stakeholders to include medical schools, postgraduate training bodies, NDTP and the National Patient Safety Office on the development of position papers and responses to the emerging issues in healthcare and in professional regulation.	**Q1 – Q4** Schedule quarterly or half yearly meetings with key stakeholders to share information and receive insights.

Maintenance of Professional Competence

Sub Objective	2025 Actions	Delivery Timeline
Balance our focus across all our regulatory functions, including registration, retention, monitoring, lifelong training and education, performance assessment, and complaints. (5.3)	1. Successfully execute the implementation of the new Maintenance of Professional Competence (MPC) Framework and the Continuous Professional Development (CPD) Accreditation Model.	**Q1 - Q2** – Conduct a series of workshops with key stakeholders on CPD accreditation compliance criteria. **Q1 - Q2** Develop a series of videos for doctors to utilise for MPC Framework familiarisation. **Q1- Q2** Develop & roll out a comprehensive communication plan via various platforms ensuring awareness of MPC Framework changes for doctors and the Postgraduate Training Bodies. **Q2** Design, develop and publish an information leaflet for doctors on the key information relating to the new MPC Framework. **Q2 (01 May 2025)** the new MPC Framework and Rules go live. **Q3 – Q4** CPD Accreditation documentation submitted by Postgraduate Training Bodies (PGTB's) and reviewed for compliance and submitted to ETC for approval. **Q1 – Q4** Attend PC Forum meetings with key stakeholders addressing areas of concerns with new changes with MPC Framework & CPD Model.

Ensuring a compliant, efficient and sustainable organisation

Sub Objective	2025 Actions	Delivery Timeline
Develop a sustainable financial model that facilitates the continuous improvement of our core functions and service standards, and which addresses the growth in demand, complexity and cost of regulation. (3.1)	**1.** Continue to focus on reducing major cost drivers to ensure we are operating as cost-effectively as possible, including exploring opportunities to share resources and costs with other public bodies.	**Q1 – Q2** Populate new Finance Advisory Committee via Expression of Interest process and convene first meeting. **Q1 – Q4** Provide detailed Management Accounts reporting including progress on Cost containment measures to the Finance Advisory Committee, Council and DOH. **Q2**- Utilised flexed budget process to review and assess the requirement for all future expenditure and apply learnings from other public bodies e.g. Data and Digital strategy.
	2. Progress new complaints model to support more efficient complaints management while optimising resource allocation.	**Q2 – Q3** Review resource allocation in C&I and FTP to ensure optimal structure for unified team. **Q4** – Implement revised team structure.
	3. Undertake a review of our current and future funding requirements, have defined a sustainable funding model and continue to work towards achieving this.	**Q1 – Q2** Present findings of Financial Review Project, to return to financial sustainability. Including Modelling and funding options to the Finance Advisory Committee. Council and to the Department of Health for approval. **Q1 – Q4** Monthly reporting against budget to ensure delivery of 2025 deliverables.
	4. Set Clear Budget limits including Capital Requirements, linked to key priority deliverables in 2025.	**Q1-Q4** Use multi-annual budgeting to provide greater predictability of essential expenditure to the ensure delivery of 2025-2028 Strategy.
	5. Develop and roll out Implementation plan on a phased basis for the Financial Strategy across 2025-2028. Implementation plan to include: • Key deliverables • Timelines • Reporting framework	**Q4** - Present draft financial strategy to Council and subsequently to the Department of Health.

	6. Optimise internal resources to reduce reliance on external expertise.	**Q1- Q4** Reallocate internal resources to address critical areas. Report quarterly savings to Finance Advisory Committee and Council. **Q1** – Present Mazars Financial Review Proposals to Council.
	7. Scope a Procurement Strategy and seek Council approval to progress to development stage.	**Q1** Procurement policy to be approved by ELT.
	8. Develop Procurement Strategy and supporting operational plan.	**Q2** Procurement Policy to be approved by FAC and Council in June. **Q3** - Roll out Training on new Policy and procedures for all staff. **Q1-Q4 -** Quarterly spend analysis and Procurement schedule to be presented to ELT to ensure alignment with 2025-2028 business plan activities.
	9. Conduct a review of all procurement activities required across 2025-2028 to inform the Procurement Strategy.	**Q1-Q4** Utilise the Government policy of Green Public Procurement (GPP) to source goods, services or works with a reduced environmental impact. We will also work to ensure we are engaged in socially responsible procurement.
		Q1-Q4 National Office of Government Procurement (OGP) Frameworks will be explored and utilised where appropriate.
	10. Develop and implement an agile Strategic Resource Management Plan including an organisational skills matrix.	**Q1 – Q4** Complete periodic reviews of sanctioned resources, identifying gaps and making recommendations against the strategic needs of the organisation and its financial resources.
Identify and address areas that will enhance staff experience, productivity and retention on a regular basis, through undertaking regular culture evaluations and initiatives. (12.2)	**1.** Undertake culture and leadership survey (provided by external firm - Conscia) for all staff to identify the areas that will improve productivity and retention that will also enhance the experience of staff.	**Q2** Deploy staff culture and leadership survey. **Q3** Agree and communicate workplan arising from the survey.
	2. Implement the agreed workplan of actions identified by Conscia.	**Q4** Implement identified recommendations.

Invest in our ways of working, staff development, inter-team and external collaboration to ensure better service delivery. (12.3)	**1.** Review and revise Ways of Working Policy including the needs for application of remote working.	**Q2** Present draft 'Ways of Working' to ELT which includes a minimum two working days in the office per week. **Q3** Disseminate new Ways of Working policy to staff with a target date by which staff will be required to attend the office a minimum of two days each week.
Develop and implement an Equality, Diversity and Inclusion strategy to ensure that the principles of equality, diversity and inclusion are embedded throughout all aspects of our work. (12.4)	**1.** Equality and Diversity Public Statement to be edited approved and published.	**Q2** Draft Equality and Diversity Statement for review by ELT. **Q3** Public statement approved by ELT and subsequently published.
Progress governance compliance initiatives to ensure compliance with the Code of Practice for the Governance of State Bodies. (13.1)	**1.** Complete a gap analysis of Corporate Governance Documents to determine areas requiring improvement and expansion.	**Q1** Complete Gap analysis document to determine content and structure of revised Corp. Governance Framework.
	2. Draft new core framework document and revise Standing Orders.	**Q2 – Q3** Draft revised Corporate Governance Framework and revise Standing Orders.
	3. Publish a revised and up-to-date Corporate Governance Framework, once approved by Council.	**Q4** Present revised Corporate Governance Framework and Standing Orders to Council for adoption.
Enhance awareness and transparency of our decision-making processes to those who use our services through the provision of better guidance documentation. (13.2)	**1.** Return to publishing Council Summary minutes for Governance Meetings from 2021 – 2024 and approved Council minutes from 2025 onwards.	**Q1** Publish Summary minutes from 2021 – 2024. **Q2** Formalise new minute structure and publish edited minutes from Jan 2025.
	2. Consider the publishing of Council Minutes for Regulatory and Immediate suspensions with appropriate redactions.	**Q3** Review the implications of publishing regulatory and other minutes and devise plan for the publishing of same. **Q4** Commence publishing redacted regulatory meeting minutes.
Work with the Department of Health on future legislation and amendments. (7.2)	**1.** Assist the Department of Health to bring the 2024 Bill to an Act; relating to the PPC (PPC Opinions) and FtPC (Sanctions imposed) being the final decision makers in the most efficient way possible, by providing guidance, advice and expert opinion.	**Q1 - Q4** Liaise with Department of Health to ensure progress of Bill and provide support to ensure the Bill progresses to Heads of Bill stage.

	2. Liaise with the Department of Health to provide guidance and advice on legislative changes.	**Q2 – Q4** Liaise with Department to respond to queries when Bill is published. **Q1 – Q4** Provide all information as necessary/requested to ensure smooth progression of the Bill.
	3. Carry out research on the proposals to inform the drafting of the Heads of Bill.	**Q2-Q3** Collate and share statistics on PPC opinions, Immediate Suspension applications and increased Council workload to underpin new Bill.
	4. Respond to queries from the Parliamentary Draftsperson, and providing alternative proposals and solutions where required.	**Q2 – Q4** Respond in a timely manner to all queries.
	5. Provide a table of consequential amendments to current legislation.	**Q3 - Q4** Legislative Affairs to provide details of consequential amendments required.
	6. Make available Medical Registration Council Minutes 1927 - 1978 for research purposes.	**Q2** Seek archivist and data protection guidance. **Q3** Confirm location of all minutes both onsite and at offsite storage locations. **Q4** Commence scanning/digitisation and pseudo anonymisation.
Develop and implement an organisation-wide data strategy. (1.1)	**1.** Scope the requirements and elements of a Data Strategy.	**Q2** Council to consider scoping document at June meeting.
	2. Seek Council approval of the framework that will underpin our data strategy, in line with the Digital Strategy.	**Q2** Council to make decision about framework and set next development steps.
	3. Finalise the scope of the creation of a data ecosystem for the organisation.	**Q4** Council to consider draft 'Data Ecosystem' to underpin the Data Strategy.
	4. Create a Data Working Group to capture the data to identify data quality, accessibility and key challenges.	**Q3** Data Working Group is appointed and convened. **Q4** First meeting of Data Working Group.
Develop and implement a digital transformation strategy which incorporates new and emerging technologies into our core regulatory processes. (1.2)	**1.** Complete a Roadmap for the delivery of the Digital Transformation for consideration by Council	**Q1 – Q3** Data gathering and research phase. **Q4** Delivery of approved roadmap for Council Approach.

Develop and implement a Climate Action Strategy that will support the Medical Council in becoming an environmentally conscious and sustainable organisation. (1.4)	**1.** Scope a Climate Action Strategy.	**Q1** ELT to approve Climate Action Roadmap. **Q2** Include revisions to roadmap to include CAP 25 provisions. Council to consider Memo in June.
	2. Complete mandatory Climate Action training for ELT and all relevant staff members.	**Q1**– ELT complete mandatory training.
	3. Complete project plan to scope the Climate Action Plan aligned to the Government's Climate Action Plan and the Public Sector Climate Action Mandate.	**Q3 - Q4** Deliver key objectives set out in roadmap and report progress to Council in Q4.

Our Strategic Enablers

Strategic enablers support the successful implementation and sustainability of a statement of strategy or a business plan. Here are the key strategic enablers that will ensure that the Medical Council will deliver on this business plan:

Leadership and Governance

Strong leadership and effective governance structures are essential for maintaining the strategic direction, making informed decisions, and ensuring accountability within the regulatory body. Our new organisational Structure implemented in late 2023 will be a key enabler for the success of this strategy.

Stakeholder Engagement

Meaningful engagement with key stakeholders which includes the public, doctors, patients, Government Departments, employers, broader health service, regulatory bodies, medical schools, post graduate training bodies and representative organisations helps build trust, gather valuable insights, and foster collaboration.

Technology and Innovation

Leveraging modern technology and innovative solutions enhances regulatory processes, improves efficiency, and ensures that the regulatory body remains responsive to emerging trends and challenges.

Data and Analytics

Data and analytics highlight issues and trends, informs decision-making, monitors compliance, and identifies areas for improvement. This is crucial for evidence-based regulation and continuous improvement and is a key enabler for the implementation of our strategy.

Skilled Workforce

A highly skilled and knowledgeable workforce is vital for executing the regulatory strategy effectively. This includes ongoing training and development to keep staff updated on best practices and regulatory changes.

Clear Communication

Transparent and effective communication and engagement is fundamental for the delivery of
this strategy.

Risk Management

Robust risk management practices help identify, assess, and mitigate potential risks that could impact the regulatory body's ability to achieve its strategic objectives.

Financial Resources

Adequate financial resources are necessary to support the implementation of strategic initiatives, invest in technology, and maintain operational effectiveness.

Cultural Alignment

Fostering a culture that aligns with our values, purpose and vision, promotes a shared commitment among staff and stakeholders.

Resource Plan 2025

Business Function	FTE Resource Plan 2024/5
Office of the CEO[3]	2
Business Intelligence and Data Analytics	1
Business Planning and Strategic Initiatives	1
Strategy and Business Services	2
General Counsel - Legal Services[1]	5
Corporate Affairs[1]	9
Communications and Engagement	6
People and Culture	3
Finance	8
Procurement	3
IT and Digital Transformation	6
Facilities	4
FTP/Monitoring[1]	13
Complaints and Investigations[1]	32
Regulatory Operations and Support Services	1
Professional Development[1]	13
Registration[1]	24
Liaison and Support	4
Regulatory Policy and Standards[1]	10
Total	147

[3] A number of vacancies and sanctioned posts awaiting financial approval remain in several directorates that are yet to be filled.

Business Plan and Budget Assumptions

This plan was informed by an environmental analysis of what is happening within the Council, and our political and legal environment.

Income generation
The budget income is derived from the following key drivers. The volumes used are an estimate based on the number of registrants of 27,276 as at June 2024.

Assumptions underlying this budget are as follows:

- The Council has not allowed for any increase in the fees it charges for its services.
- It is assumed that there will be circa 30,000 registrants paying the 2025 Annual renewal fees based on trend analysis over the last 3 years.
- It is assumed that the consistent increase in the number of registrations will continue into 2025.
- All other income streams are based on continued growth over the last 3 years.
- Project gateway funding will continue for 2025 to enable prompt deployment of medical positions within the HSE and private hospitals.

Capital Expenditure Plan

The Council has a programme of capital expenditure of €574k for 2025 to improve its physical and digital infrastructures.

The capital plan includes a budget of €180k for the development of the existing Registration system to improve the user experience for applicants and registrants, while also maximising the data we can leverage to inform the wider healthcare sector and workforce planning. Critical change requests are required to facilitate process changes because of legislation amendments, the annual Retention process and enhancements to streamline current manual processes.

As set out in the Statement of Strategy 2025-2028 a key objective for the Council in line with Government policy, is to prioritise digital transformation and work to leverage digital solutions to streamline and automate processes. The Council have committed to developing and implementing an integrated data and digitalisation strategy over the next four years (2025-2028).

Operational Expenditure

Despite an overall increase in operational expenditure from 2024 to 2025, the 2025 budget focuses on tight cost containment from 2024 in key areas such as a 72% reduction in temporary staff expenditure, 14% reduction in Professional/finance costs, 59% reduction in file administration and storage expenditure, 23% reduction in business consultancy expenditure and a 54% reduction in recruitment expenditure. The 2025 budget has focused on critical expenditure to deliver key objectives as set out in the 2025 business plan and optimisation of our resources.

Salary and pension costs have increased by 13%, this increase is reflective of additional sanctioned headcount. Strategic resource management is a key objective of the Council's 2025 Business plan to ensure the best use of resources within the allocated resource structure.

Other costs are activity driven costs that cannot be reduced to ensure delivery of core operations e.g. allowances, Travel and subsistence expenditure for Committee and Council activity and legal expenditure.

Legal Expenditure continues to represent a significant component of the overall 2025 expenditure representing 33% increased expenditure from 2024, reflective of the volume of ongoing legal activity. The Council will continue to maximise in house legal expertise to manage all legal activity in the most cost-effective way however due to the nature of the legal activity external expertise are essential. The Council cannot control the number of complaints received and complaint numbers continue to rise from 286 complaints in 2023 to 364 complaints in 2024 and is expected to increase to over 400 in 2025, resulting in increased legal expenditure for the Council.

The commencement of the Fitness to Practise amendments introduced by The Regulated Professions (Health and Social Care) (Amendment) Act 2020, will empower the Preliminary Proceedings Committee to accept undertakings and consents in some complaint scenarios. This change will lead to cost reductions as some complaints may be resolved soon after they have been received. It is envisaged however that the commencement of these new provisions will not lead to substantial cost reductions until 2026 and beyond.

The projected annual deficit will be funded from the Council's reserves. All 2025 expenditure will be closely monitored and reported against budget monthly through the Finance Business Partner Model with oversight from the Executive Leadership Team, Finance Advisory Committee and the Council.

Income	2025 Flexed Budget	2024 Expenditure
Annual Retention Fees	15,644,984	14,839,063
Application Fees	2,795,514	3,022,270
Registration Fees	2,206,991	2,245,083
Internship Application & Reg	306,101	331,828
Restoration Fees	77,063	86,950
Accreditation & Examinations	99,647	86,405
Interest / Investment Income	105,302	96,454
Other Income	323,857	786,510
Total Income	**21,559,459**	**21,494,562**
Pay		
Salaries	(10,490,844)	(9,441,879)
Pensions	(2,348,771)	(1,944,787)
Allowances	(382,808)	(300,320)
Temporary Staff (72% targeted reduction)	(290,248)	(719,174)
Total Pay	**(13,512,671)**	**(12,406,160)**
Non pay		
Staff	(43,119)	(35,309)
Travel & Subsistence	(77,592)	(60,070)
Legal Fees	(7,125,947)	(5,372,377)
Staff Training	(197,550)	(113,354)
Books & Periodicals	(350)	(190)
Professional / Finance Costs (14% targeted reduction)	(370,295)	(431,005)

Insurance	(121,708)	(113,955)
Postage	(23,047)	(24,025)
Telephone & Broadband Expenditure	(67,839)	(34,402)
Print & Stationery	(38,018)	(7,220)
File Administration & Storage (59% targeted reduction)	(14,754)	(36,286)
Business Consultancy (23% targeted reduction)	(521,064)	(674,631)
Research	(40,000)	(14,231)
Sundries/Conferences	(73,190)	(35,393)
Light & Heat	(82,945)	(76,808)
Building Repair & Maintenance	(72,925)	(75,713)
Cleaning	(80,806)	(60,642)
Rent & Rates	(1,017,919)	(1,006,168)
Maintenance Contracts	(77,770)	(43,240)
Security	(37,849)	(34,963)
IT Software/Consumables	(8,248)	(10,314)
IT Maintenance	(972,338)	(995,250)
Examinations & Accreditation	(106,483)	(116,613)
Translation	(27,638)	(17,970)
Catering	(61,032)	(36,377)
Advertising	(56,336)	(70,652)
Recruitment (54% targeted reduction)	(61,993)	(122,343)
Prof Subscriptions	(102,928)	(83,067)
Council & Comm Expenses	(88,000)	(13,237)
Total Non-Pay	**(11,569,683)**	**(9,715,806)**

Depreciation	(741,119)	(705,588)
Surplus/ (Deficit) After Adj.	**(4,264,014)**	**(1,332,992)**

Comhairle na nDochtúirí Leighis
Medical Council

Medical Council
Kingram House
Kingram Place
Dublin 2
D02 XY88

info@mcirl.ie
www.medicalcouncil.ie