Comhairle na nDochtúirí Leighis
Medical Council

Medical Council Business Plan
2011

Approved by the Medical Council

for submission to the

Department of Health and Children

January 2011.

Contents

Introduction

The Medical Council's Business Plan arising from the Statement of Strategy 2010-2013 is produced in accordance with Part 3, Section 15 of the Medical Practitioners Act 2007. The Plan is also consistent with sections 2.14 and 2.15 of the "Code of Practice for the Governance of State Bodies, *May 2009*" and also Section 2.4 of the Medical Council's Terms of Reference. Following the approval by Council of the Strategy in September 2010, this Business Plan sets out in detail the objectives of the Medical Council for 2011 and associated expenditure plans.

This Plan has been developed by the Medical Council Executive in collaboration with Council, its Committees and Working Groups and received approval from the Medical Council on January 18th 2011. The implementation of this document will be monitored by Council and the Executive to ensure that targets are met. The Medical Council will publish its Annual Report for 2011 as part of its statutory reporting requirement and this report will comprehensively outline the activities of the organisation for the period of this plan.

The Medical Council's focus on protecting the public by promoting and ensuring the highest professional standards amongst doctors is at the core of its work. An appropriate balance in Council's focus and activities must be maintained so as to ensure there are appropriate emphases on both the public and the practitioners. Council will maximise the use of resources, provide the best value for money and work with the relevant statutory bodies to reduce duplication. In developing this Plan, the context of the current economic environment and its challenges has been taken into account.

Purpose and Functions of the Medical Council

The Business Plan stems from the Statement of Strategy 2010-2013 and takes into account the Council's vision, mission and values contained in that document.

Vision
Patient safety and public confidence is ensured through excellent doctors upholding the highest standards.

Mission
Protecting the public by promoting and ensuring the highest professional standards amongst doctors.

Values
o   Our primary focus is to ensure our activities are in the best interests of the public and are patient focused at all times.
o   We are a progressive organisation and are continually looking to improve the way in which we work.
o   We are open and transparent in our processes and actions.
o   We constantly aim to deliver effective services as efficiently as possible.
o   We treat everyone with respect and dignity.
o   We discharge our duties in a fair and equitable manner.

The objective of the Medical Council 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.

Established by the Medical Practitioners Act 1978 (updated in 2007), the principal functions of the Medical Council are to:

- Establish and maintain the register of medical practitioners.
- Approve and review programmes of education and training necessary for the purposes of registration and continued registration.
- Specify and review the standards required for the purpose of the maintenance of professional competence of registered medical practitioners.
- Specify standards of practice for registered medical practitioners including providing guidance on all matters related to professional conduct and ethics.
- Conduct disciplinary procedures.

The Council has a membership of 25 including both elected and appointed members. Under the provisions of the Medical Practitioners Act, 2007, the new Council is comprised of 13 non-medical members and 12 medical members representing a range of medical specialties, teaching bodies and members of the public and stakeholders, all of whose appointments have been approved by the Minister for Health and Children. The current Council's period of office is 2008 to 2013. The main functions of the Medical Council revolve around registration, professional standards, education and training and professional competence.

On 16th March 2009, the new register of medical practitioners was established under Section 43 of the Medical Practitioner Act 2007, which replaced the General Register of Medical Practitioners and the Register of Medical Specialists established under the Medical Practitioners Act 1978. As at November 2010, there were 18,838 registered medical practitioners spread over the four divisions of the register; general, specialist, visiting EEA practitioners and trainee specialist.

Strategic Objectives

The Medical Council Strategic Objectives are set out in detail in the *Statement of Strategy 2010 – 2013*. These set the operational direction and functions for the organisation over the period.

Strategic objectives:

1. Set and monitor standards for medical education and training, conduct and ethics:
   - Define and publish appropriate standards for undergraduate, intern and postgraduate education, training and assessment.
   - Develop and implement a process to review education and training standards to ensure ongoing appropriateness.
   - Review all programmes, schemes and education and training bodies to ensure compliance with the Council's education, training and professional competence standards.
   - Ensure an appropriate process for assessment and registration of other EU and non-EU doctors.

2. Facilitate doctors in attaining and maintaining their registration:
   - Ensure the appropriateness of the registration framework, including the divisions and processes relating to registration and retention of registration.

- Provide ongoing advice to doctors on matters relating to the register, appeals, inquiries and other relevant areas.
- Support doctors in the integration of the 'Guide to Professional Conduct and Ethics' into their professional practice.
- Provide ongoing monitoring of doctors with conditions attached to their registration and facilitate compliance as appropriate.
- Support doctors who have relevant medical disabilities, or associated health- related conditions, to maintain their registration during illness and recovery.

3. Set and monitor standards for maintenance of professional competence:
   - Develop and implement professional competence schemes.
   - Develop and implement a process to review the effectiveness of the professional competence schemes and make improvements as required.
   - Develop and implement a process for remediation of doctors following non-compliance with professional competence standards.

4. Take appropriate action to protect the public where standards are not met by individual practitioners:
   - Promote the process for employers and other healthcare professionals to bring appropriate concerns to the attention of the Medical Council.
   - Ensure the ongoing delivery of effective, fair and transparent complaints processes.

5. Engage proactively with the public, the profession and other stakeholders:
   - Develop and implement a comprehensive strategy for public engagement.
   - Develop and implement a comprehensive strategy for engagement with the medical profession.
   - Develop and implement a comprehensive strategy for engagement with other stakeholder groups.

6. Enable effectiveness through appropriate internal systems and processes:
   - Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate.
   - Develop and implement an equality and diversity policy relating to all internal and external processes and engagements.
   - Embed a 'service-user' focus within the functions and activities of the Medical Council.
   - Ensure that organisational processes are effective and user friendly.
   - Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards.
   - Ensure ongoing financial security of the Medical Council.
   - Optimise the use of Medical Council resources.

Operational Challenges for 2011

This plan has been framed within a challenging fiscal and human resources environment. To allocate and use our finite resources effectively primary consideration has been given to our focus on patient safety, supporting the professionalism of doctors, delivery of quality services, adherence to mandatory legislative requirements and directives, risk issues and other considerations such as:

- Objectives and priorities in the Medical Council Statement of Strategy 2010 – 2013
- The Medical Council's Financial Outturn 2010 and the forecasted Financial Position for 2011
- Various national strategic and policy documents.

In developing this Business Plan the Medical Council has, where possible, identified the impact that operating challenges and risks could have on its delivery.

These include:

- *Business Plan Implementation:* this is the first full-year business plan for the Medical Council and its scale is challenging. The plan contains a number of new commitments for delivery by the Executive and requires a high degree of support for implementation. To monitor and report on the implementation of the Plan a number of new processes and measures will need to be designed and introduced in 2011. The monitoring and evaluation process represents a significant piece of work in itself.
- *Staff numbers:* a key risk to delivery of planned service levels in 2011 is the impact of the general moratorium on recruitment and promotion. The organisation will seek to address this risk through mapping staff resources to operational need, redeploying staff where necessary and outsourcing of discrete tasks/projects. It is acknowledged that a broader piece of work on optimising the use of Medical Council staffing resources will need to be undertaken in time. However, for 2011, any negative impact on staffing levels that may occur in 2011 will be monitored for adverse impact on operational delivery.
- *Financial Resourcing:* 2011 will see a focus on continuous financial monitoring, the introduction of new procurement processes and a continued focus on tight controls over expenditure.
- *Legal challenges/appeals:* The boarder range of decision making functions vested with the Medical Council may lead to an increased number of legal challenges or appeals being taken in 2011. In addition to ensuring the robustness of internal processes and procedures a moderate reserve fund, in line with practice adopted by other similar regulatory bodies, has been ring fenced for this purpose.
- *Professional Competence:* This will be the first year in which the professional competence function of the Medical Council becomes operational and challenges arise in meeting significant new functional demands within a challenging fiscal and human resources environment. Finally, the Medical Council is cognisant of the need to review implementation of these new functions once operational and, in the medium term, the question of reforming registration functions with necessary legislative support to better underpin regulation of the maintenance of professional competence through, for example, annual practicing certification or licensing and revalidation.

Operational challenges and risks will continue to arise as 2011 progresses and the Executive will continuously monitor their impact taking corrective action, including adjustment of the Business Plan, where significant issues arise.

Our work and the wider health system

To deliver the potential of our Business Plan, the Medical Council is cognisant of the wider health system as well as our own strategic objectives. We take into account national and international developments in medical regulation and health system reform, and we work with relevant bodies to deliver change for the benefit of the public and registered medical practitioners.

- **Building a culture of patient safety in Ireland:**
  The Council has welcomed the report of the Commission on Patient Safety and Quality Assurance, *"Building a Culture of Patient Safety"*. The Medical Council, at its meeting on 19th October 2010, agreed to become a signatory to the Patient Safety First Initiative. We are a partner on the Implementation Steering Group which was established by the Minister for Health and Children to drive necessary change arising from this report. We are also a partner on the Forum of Health and Social Care Regulators which seeks to share best practice and advance common interests for the benefit of the public. This involves a commitment from the President and Council representatives to the Implementation Steering Group. In addition, the Head of Finance and Head of Professional Standards are leading two project groups relating to Credentialing & Privileging and to Professional Regulatory Bodies.

- **Reform of medical education and training in Ireland:**
  The Council has a lead role in the regulation and quality assurance of undergraduate and postgraduate education and training in Ireland. We work closely with the HSE, universities, medical schools, the postgraduate training bodies, the Department of Health and Children and the Department of Education and Skills. This includes involving major stakeholders on working groups and sub-committees, regular stakeholder meetings, representation of the Medical Council on major national fora e.g. National Council for Medical Education and Training (NCMET) and its sub-committees (Chair of the Professional Development Committee, Head of Education and Training), Irish Committee on Higher Medical Training (ICHMT) etc. The Medical Council is also active in the Irish Network of Medical Educators.

- **Partnerships for better regulation:**
  The Medical Council is currently in discussions with the Health Service Executive, the Health Information and Quality Authority, and the Pharmaceutical Society of Ireland regarding the establishment of accords such as Memorandums of Understanding. These arrangements will provide for clearer and more effective partnership working for better regulation and greater public protection.

- **Strengthening international cooperation:**
  As healthcare becomes increasingly globalised, Council continues to engage with relevant international bodies to strengthen cooperation. Since May 2010, the Medical Council has been heavily involved in the informal network of competent authorities for the recognition of professional qualifications.   The establishment of this network has resulted in the signing of the Berlin Statement in September 2010, to which the Medical Council is a signatory. This statement supports the system of automatic recognition provided by Directive 2005/36/EC. The Medical Council is registered with the EC Internal Market Information Systems (IMI) which helps member states co-operate in a standard way when dealing with requests for information between competent authorities. The IMI system also provides for the issuing of Certificates of Current Professional Status (CCPS) in a standardised format. We share and learn best practice on medical regulation through our membership of the International Association of Medical Regulators and collaboration with the International Physician Assessment Coalition and the Coalition for Physician Enhancement.

Council is also a member of the Association of Regulatory and Disciplinary Lawyers to promote best practice on regulatory law. We are also a partner on the Health Professionals Crossing Borders, a European cooperative initiative and implement its "*General Memorandum of Understanding Covering the Proactive and Case-by-Case Exchange of Disciplinary Information between Competent Authorities and Similar Bodies".* International medical education bodies have played a key role in the quality assurance of medical education. The WFME has been particularly involved, but regulatory bodies in other jurisdictions and all major EU medical education organisations e.g. ASME (Association of Medical Schools in Europe) and AMEE (Association for Medical Education in Europe) are contributing to the assessor pool.

Financial Position 2011

The Medical Council
Financial Position 2011

	Forecasted 2010 €'000	Budget 2011 €'000
Income	9,455	9,983
Expenditure	(8,628)	(9,649)
Operating surplus/(deficit) for the year	827	334
Depreciation expense	(652)	(710)
Surplus/(deficit) for the year after depreciation	175	(376)

Summary of the 2011 Financial Position

The Medical Council has forecasted income of €9.4m for 2010. Budgeted income for 2011 is anticipated to be approximately €9.9m. There is no anticipated increase in the annual retention fee for 2011.

Expenditure for 2010 is forecasted to be in the region of €8.6m. Budgeted expenditure for 2011 is €9.6m. The main reason for this increase is due to a number of one-off initiatives such as the implementation of Part 11 (maintenance of professional competence) of the MPA 2007 and the accreditation of a number of Medical Schools and Training Bodies (part 10 of MPA, 2007). Legal fees are also due to increase as a result of the expected increase in inquiry days in 2011.

Depreciation expense is forecasted to be €652k for 2010 and €710k for 2011. This will result in a forecasted surplus for 2010 of €175k and a budgeted deficit for 2011 of €376k.

2011 Operational Plans by Section

Education and Training

The main areas of responsibility of the Education and Training Section are to support the Council's functions in setting and monitoring standards in undergraduate, intern and postgraduate education and training in Ireland. This includes accreditation of undergraduate and postgraduate programmes and bodies; determining which specialties should be recognised and producing criteria and guidelines on a range of education and training issues. Its monitoring functions include the inspection of clinical training sites, both hospital and community-based. Education and Training-related Committees, Sub-committees and Working Groups include the Professional Development Committee (PDC), the Basic Medical Qualification Working Group (BMQWG), the Intern Training Sub-Committee (ITSC), and the Postgraduate Working Group (PGWG).

This section is led by the Head of Education and Training, supported by two senior executive officers, three executive officers and one clerical officer.

Strategic Objective (SO)	Actions	Target Timescale
SO 1.1) Define and publish appropriate standards for undergraduate, intern and postgraduate education, training and assessment **&** **SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance**	Complete and publish all the criteria standards and guidelines required under Part 10 of the MPA 2007 Complete accreditation process for all five year undergraduate programmes (UCC, UCD, NUIG, TCD and RCSI in Ireland) and associated bodies; for first cohort of UL graduates; and for two overseas medical schools (Allianze Medical School and for RCSI Bahrain)	Q1 to Q4
SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance	Fulfill legislative requirements in order to grant certificates of experience to interns, including the inspection of all training sites with intern posts proposed by the HSE and approved by Council	Q2
SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance **&** **SO 1.4) Ensure an appropriate process for assessment and registration of other EU and non-EU doctors.**	Redevelop and administer the examination to regulate entry to the Register by non-EU medical practitioners (PRES).	Ongoing
SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance	Complete Medical Council accreditation process for five of the currently recognised thirteen postgraduate training bodies and their associated programmes	Q4

Strategic Objective (SO)	Actions	Target Timescale
SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance	Determine eligibility for progression to stage two in process of recognition of new specialties	Q4
SO 1.2) Develop and implement a process to review education and training standards to ensure ongoing appropriateness.	Develop a transparent appeal process for all accreditation for Sections 88 & 89	Q1

Registration

The main functions of the Registration Section are: processing applications for general, specialist, trainee specialist, visiting EEA and internship registration; implementation of policies and decisions set by the Registration Working Group and the Standards in Practice Committee; maintenance of the register; assisting with registration-related queries; attending and contributing to related external Irish and international fora; and liaising with stakeholders. Registration related Committees and Working Groups are the Standards in Practice Committee (SIPC), and the Registration Working Group (RWG).

This section is led by the Head of Registration, supported by two senior executive officers, eight executive officers and four clerical officers.

Strategic Objective (SO)	Actions	Target Timescale
SO 1.4) Ensure an appropriate process for assessment and registration of other EU and non-EU doctors.	Implement findings arising from review of Code of Conduct for competent authorities falling under EU Directive 2005/36/EC	Q2
SO 2.1) Ensure appropriateness of the registration framework, including the divisions and processes relating to registration and retention of registration.	Publish and implement new Registration Rules	Q1
SO 2.1) Ensure appropriateness of the registration framework, including the divisions and processes relating to registration and retention of registration.	Set criteria for specialist registration	Q2
SO 2.2) Provide ongoing advice to doctors on matters relating to the register, appeals, inquiries and other relevant areas.	Complete and publish Guide to Registration; including the development of information and facilities on the Medical Council website	Q1
SO 5.3) Develop and implement a comprehensive strategy for engagement with other stakeholder groups.	Develop and implement a comprehensive strategy for engagement with other stakeholder groups	Ongoing
SO 6.4) Ensure that organisational processes are effective and user friendly	Examine potential use of ICT systems for registration;	Q1
SO 6.4) Ensure that organisational processes are effective and user friendly	Planning sufficiently to ensure a smooth peak period	Q3

Professional Competence

The Professional Competence Section is responsible for developing, implementing, and operating a system for the regulation of the maintenance of professional competence in line with Council policy. This will be achieved through establishing, operating and monitoring schemes for the maintenance of professional competence applicable to all registered medical practitioners and schemes for the assessment of professional performance in response to specific concerns regarding individual registered medical practitioners. Professional Competence related working groups includes the Professional Competence Assessment Working Group (PCAWG) and Professional Competence Schemes Working Group (PCSWG). In 2011, a Professional Competence Committee will be established to direct and oversee the Medical Council's professional competence duties arising from commencement of Part 11 of the Medical Practitioners Act 2007. Coordination and communication with relevant external stakeholders is achieved via an independently chaired Professional Competence Steering Committee (PCSC).

This section is led by the Head of Professional Competence, supported by two senior executive officers, one executive officer and one clerical officer.

Strategic Objective (SO)	Actions	Target Timescale
SO 3.1) Develop and implement professional competence schemes & SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance	Council publishes Part 11 rules/standards which have been reviewed and revised post consultation	Q1
SO 3.1) Develop and implement professional competence schemes & SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance	Council recognises aspirant Part 10 approved bodies for purpose of Part 11	Q1
SO 3.1) Develop and implement professional competence schemes	Formalise and publish arrangements with bodies recognised under Part 11 rules/standards	Q2
SO 3.1) Develop and implement professional competence schemes	Finalise key professional competence scheme operational policy and procedures for inclusion in agreements with recognised bodies	Q2
SO 3.1) Develop and implement professional competence schemes	Engage with appropriate stakeholders to understand their information needs in relation to supporting the effectiveness of PCS	Q2
SO 3.1) Develop and implement professional competence schemes	Communicate through a range of media with appropriate stakeholders to meet their information needs in relation to supporting the effectiveness of PCS	Q2
SO 3.1) Develop and implement professional competence schemes	Develop and implement procedure for monitoring registrants through annual declaration	Q4
SO 3.1) Develop and implement professional competence schemes	Appraise options for the management of professional competence requirements for doctors with PGTB alignment difficulties	Q2
SO 3.1) Develop and implement professional competence schemes	Develop and implement plan for management of professional competence requirements for doctors with PGTB alignment difficulties	Q3

Strategic Objective (SO)	Actions	Target Timescale
SO 3.1) Develop and implement professional competence schemes	Ensure Professional Competence Modules in NICS development Plan	Q4
SO 3.1) Develop and implement professional competence schemes	Draft and agree contract between Medical Council and Subject Matter Expert for implementation of performance assessment	Q1
SO 3.1) Develop and implement professional competence schemes	Include support for performance assessment in agreement with bodies recognised under Part 11	Q2
SO 3.1) Develop and implement professional competence schemes	Open call for interested persons to act as medical and lay assessors	Q1
SO 3.1) Develop and implement professional competence schemes	Develop performance assessment manual	Q2
SO 3.1) Develop and implement professional competence schemes	Develop performance assessment report template	Q2
SO 3.1) Develop and implement professional competence schemes	Develop policies, procedure and guidelines for performance assessment operational processes	Q2
SO 3.1) Develop and implement professional competence schemes	Train pool of potential medical and lay assessors and determine eligibility for appointment to cases	Q3
SO 3.1) Develop and implement professional competence schemes	Develop arrangement for trained assessors to be appointed to cases	Q3
SO 3.1) Develop and implement professional competence schemes	Train in-house case managers	Q2
SO 3.1) Develop and implement professional competence schemes	Develop and implement communications and engagements to support effective implementation of performance assessment	Q3
SO 3.2) Develop and implement a process to review the effectiveness of the professional competence schemes and make improvements as required.	Develop and obtain approval for a protocol for review of the effectiveness of professional competence scheme.	Q4
SO 3.2) Develop and implement a process to review the effectiveness of the professional competence schemes and make improvements as required.	Complete options appraisal on in-house versus commissioned review and seek approval on recommendations by Council	Q4

Professional Standards

The main functions of the Professional Standards Section are to support the work of the Preliminary Proceedings (PPC) and Fitness to Practise (FTPC) Committees, Ethics Working Group and Monitoring Working Group. This includes corresponding with regard to complaints files, organising FTPC hearings, preparing documentation for meetings/ hearings and dealing with the correspondence following those meetings/ hearings.

This section is led by the Head of Professional Standards who is also Legal Adviser, supported by two senior executive officers, two executive officers and one clerical officer.

Strategic Objective (SO)	Actions	Target Timescale
SO 4.2) Ensure the ongoing delivery of effective, fair and transparent complaints processes	Ensure complaints managed by the Preliminary Proceedings Committee continue to be dealt with in an efficient and transparent manner.	Ongoing
SO 4.2) Ensure the ongoing delivery of effective, fair and transparent complaints processes	Review Standard Operating Procedures (SOP) to support Preliminary Proceedings Committee Processes.	Q1
SO 4.2) Ensure the ongoing delivery of effective, fair and transparent complaints processes	Review the Standard Operating Procedures for drafting opinions for Council following decision by the Preliminary Proceedings Committee.	Q1
SO 4.2) Ensure the ongoing delivery of effective, fair and transparent complaints processes	Establish a panel of mediators to support Preliminary Proceedings Committee Processes. Develop and provide guidelines and suggested pro forma forms of agreements to mediate.	Q1
SO 4.2) Ensure the ongoing delivery of effective, fair and transparent complaints processes	Prepare & Present the evidence for inquiries conducted by Fitness to Practise Committee(FTPC)	Ongoing
SO 4.2) Ensure the ongoing delivery of effective, fair and transparent complaints processes	Ensure effective monitoring of RMP's with conditions attached to registration.	Ongoing
SO 4.2) Ensure the ongoing delivery of effective, fair and transparent complaints processes	Appoint and train a panel of Investigator(s) to support Preliminary Proceedings Committee processes.	Q1

Strategic Objective (SO)	Actions	Target Timescale
SO 4.2) Ensure the ongoing delivery of effective, fair and transparent complaints processes	Finalise report on the training & development requirements for PPC, FtPC and Council members on complaints management and implement recommendations	Q2
SO 4.2) Ensure the ongoing delivery of effective, fair and transparent complaints processes	Assess implementation of the 2010 PPC Review and establish further recommendations based on outcome Conduct yearly feedback exercise of PPC decisions and implement recommendations arising from the yearly feedback exercise	Q1 and Q4
SO 1.1) Define and publish appropriate standards for undergraduate, intern and postgraduate education, training and assessment.	Develop and seek approval for supplemental guidance on specific issues highlighted in the Ethical Guide.	Q2
SO 1.1) Define and publish appropriate standards for undergraduate, intern and postgraduate education, training and assessment.	Undertake a joint project with the Pharmaceutical Society of Ireland on the development of guidance for RMP's & Pharmacies on prescribing and dispensing	Q4
SO 6.7) Optimise the use of Medical Council resources.	Provide Legal Advice to Council and all other sections on their statutory functions, obligations, duties, and powers under the Act as required.	Ongoing

Corporate Services

The main functions of the Corporate Services Section are: providing liaison and meeting support to Council, advising on and ensuring compliance with all legislative requirements across the organisation, co-ordinating and managing all aspects of communications and publications, managing the freedom of information and data protection function managing corporate events and media relations for the Council. The Corporate Services Section also provides administrative support to the Communications & Research Working Group and the Corporate Governance Working Group.

This section is led by the Head of Corporate Services who is also Secretary to Council, supported by one senior executive officer, one Executive Officer and 1.5 clerical officers.

Strategic Objective (SO)	Actions	Target Timescale
SO 5) Engage proactively with the public, profession and other stakeholders	Implement a comprehensive Communications Strategy (to include a stakeholder engagement plan) for the Medical Council for 2011 to support four key objectives for external (5.1), (5.2) (5.3) and internal communications.	Ongoing
SO 5.1) Develop a comprehensive strategy for public engagement	Implement a communications plan for public engagement to include media relations, publications, on-line activities, events and other engagements.	Ongoing
SO 5.2) Develop a comprehensive strategy for engagement with the medical profession	Implement a communications plan for engagement with the medical profession to include specific actions to support the introduction of Professional Competence	Ongoing
SO 5.3) Develop a comprehensive strategy for engagement with other stakeholder groups	Implement a communications plan for engagement with other stakeholder groups	Ongoing
SO 5) Engage proactively with the public, profession and other stakeholders	Development & Publication of Annual Report 2010	Q2
SO 6.7) Optimise the use of Medical Council resources	Co-ordinate the development of the 2012 Business Plan	Q4
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Develop comprehensive Corporate Governance Framework and Manual for the Medical Council and seek approval from the Corporate Governance Working Group and Council.	Q2
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Put in place systems to ensure compliance across the organisation against Corporate Governance Framework and Manual. Review and update Corporate Governance Manual in good time as legislative and other changes arise and seek approval.	Q4

Strategic Objective (SO)	Actions	Target Timescale
SO 6.3) Embed a 'service-user' focus within the functions and activities of the Medical Council.	Conduct a review and satisfaction survey covering all aspects of Council meeting and meeting documentation/material (including content, presentation and dissemination) to ensure these are fit for purpose.	Q2
SO 6.4) Ensure that organisational processes are effective and user-friendly.	Providing media with accurate and timely responses to queries	Ongoing
SO 6.3) Embed a 'service-user' focus within the functions and activities of the Medical Council.	Undertake a project to assess Medical Council Online Communications (Web, E- newsletter etc) user friendliness. Implement recommendations for revision, improvement and enhancement.	Q4
SO 6.4) Ensure that organisational processes are effective and user-friendly.	Oversee the management of all FOI requests	Ongoing
SO 6.4) Ensure that organisational processes are effective and user-friendly.	Ensure SEO Group meetings are run as efficiently and effectively as possible.	Q1-Q4

Finance

The function of the Finance Section is to manage the finances of the Medical Council in a prudent and efficient manner and to ensure that the Council meets all of its responsibilities in legislation and applies best practice to the governance of its affairs. Some of the main activities include: maintaining accounts and records; processing payment of fees; processing supplier invoices; managing the Local Government Superannuation scheme; preparing the budget; payment of staff salaries; and publishing of financial statements. Finance related Committee and Working Groups are the Audit Committee (AC), Remuneration Working Group (RemWG) and Corporate Governance Working Group (CGWG).

This section is led by the Head of Finance, supported by one senior executive officer and two executive officers.

Strategic Objective (SO)	Actions	Target Timescale
6.6) Ensure ongoing financial security of the Medical Council	Examine means of achieving cost savings and efficiencies in operational overheads.	Q4
6.6) Ensure ongoing financial security of the Medical Council	Ensure good financial management practices and risk management are constantly reviewed in line with best practice.	Q1
6.6) Ensure ongoing financial security of the Medical Council	Develop a 5 year financial strategy to ensure ongoing financial security for the Medical Council	Q3

Operations & ICT

The main functions are to control the delivery of technology operations and services to various lines of the business and to oversee technology related changes to operational and business processes. Other ICT responsibilities include system conversion, infrastructure upgrades, project management and system maintenance.

This section is led by the Head of Operations & ICT, supported by two executive officers and four clerical officers.

Strategic Objective (SO)	Actions	Target Timescale
SO 6.4) Ensure that organisational processes are effective and user friendly.	Develop and Implement ICT Disaster Recovery Plan	Q3
SO 6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate	Online HR System Complete Rollout to all staff.	Q1
SO 6.6) Ensure ongoing financial security of the Medical Council	Develop document retention schedule.	Q3
SO 6.4) Ensure that organisational processes are effective and user friendly.	Develop and implement Asset Management System	Q1
SO 6.6)Ensure ongoing financial security of the Medical Council	Implement electronic Requisitioning /Purchasing System	Q1
SO 6.4) Ensure that organisational processes are effective and user friendly.	Provide operational and ICT business critical support	Ongoing
SO 6.4) Ensure that organisational processes are effective and user friendly.	Establish Centralised Procurement Unit	Q1
SO 6.4) Ensure that organisational processes are effective and user friendly.	Records management system in place supported by the document management system and Date Protection requirements in place	Q2
SO 6.4) Ensure that organisational processes are effective and user friendly.	Develop and Implement new NICS Modules for New Registration Rules	Q1
SO 6.4) Ensure that organisational processes are effective and user friendly.	Implement new NICS Website Module	Q1
SO 6.4) Ensure that organisational processes are effective and user friendly.	Specify, develop and implement NICS module for the professional competence schemes.	Q2

Strategic Objective (SO)	Actions	Target Timescale
SO 6.4) Ensure that organisational processes are effective and user friendly.	Review of NICS phases and identify any necessary system changes or new recommendations	Q3
SO 5.3) Develop and implement a comprehensive strategy for engagement with other stakeholders groups	Data Upload to NICS from the NCHD Database relating to Registration in training posts.	Q2

Human Resources

The Human Resources function falls under the management of the Chief Executive Officer. An external HR Consultant works in conjunction with the Management team and a part-time Senior Executive Officer providing all internal HR advice and support and managing the ongoing HR activities within the Medical Council.

Strategic Objective	Actions	Target Timescale
6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate.	Develop and implement a new HR Strategy to include specific components: Performance Development System (PDS), training needs analysis, training programme roll out, staff satisfaction measures, comprehensive HR policies including equality and diversity	Q4
6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate.	Develop HR Management Information	Q1

Cross-organisational

A number Actions will be undertaken in 2011 that will involve cross organisational input to support their achievement. Lead responsibility for projects has been assigned to individual section heads.

Strategic Objective	Actions	Target Timescale
SO 1)Set and monitor standards for medical education, training, conduct and ethics **SO 2)Support doctors in attaining and maintaining their registration** **SO 4)Set and monitor standards for maintenance of professional competence** **SO 4) Take appropriate action to protect the public where standards are not being met by individual practitioners**	Ensure compliance with the Medical Practitioners Act 2007 in order to fully support the achievement of the objectives outlined in the Statement of Strategy namely through – Conduct an Annual Audit of the MPA (2007) Lead responsibility: Professional Standards Undertake actions and activities to support amendments being made to the MPA 2007- Lead responsibility: Professional Standards Arrange a series of briefing meetings and with key individuals in the Department of Health and Children and commission briefing materials as appropriate. Lead Responsibility: CEO	Q1 Q1 Ongoing
SO 6) Ensure that the organisations key processes and procedures are efficient and effective	Conduct a high level review of the organisation (or parts thereof) to ensure it is fit for purpose to deliver on the Statement of Strategy and as part of this review assess critical processes and procedures to gauge their effectiveness. Develop a plan to address recommendations arising. Lead Responsibility: CEO	Q2
SO 2) Support doctors in attaining and maintaining their registration	Develop and implement a project plan to ensure all RMPs are fully compliant with the Annual Declaration process Lead Responsibility: Registration	Q3
SO 6.4) Ensure that organisational processes are effective and user friendly.	Establish a specific Project Board to effectively support the implementation of a range of cross organisational NICS related projects Lead Responsibility: Operations/ICT	Q1
SO 6.3)Embed a 'service-user' focus within the functions and activities of the Medical Council Customer Services Unit	Establish Medical Council Customer Service Unit Lead Responsibility: Operations/ICT	Q4