



**Comhairle na nDochtúirí Leighis
Medical Council**

Medical Council Business Plan 2012

**Approved by the Medical Council for submission to the
Department of Health**

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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. This Business Plan sets out in detail the objectives of the Medical Council for 2012 and associated expenditure plans in line with the Medical Council's Statement of Strategy (2010 – 2013).

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 26th January 2012. The implementation of this document will be monitored by Council and the Executive via the Council's Balanced Scorecard to ensure that targets are met. The Medical Council will publish its Annual Report for 2012 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 collaboratively with the relevant statutory bodies to ensure the most efficient and effective working relationships are maintained. 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

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

As at 31st December 2011, there were 18,812 registered doctors spread over the five divisions of the register; General, Specialist, Visiting EEA practitioners, Trainee Specialist and Supervised Division.

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.

Measuring Performance against Strategic Objectives

The Medical Council Balanced Scorecard sets out the organisation’s key objectives, targets and timescales over four quadrants, representing the main areas of the Medical Council’s corporate focus and performance namely: Relationships with Stakeholders (public, profession and other stakeholders), Regulatory Systems and Processes, People (staff and Council) and Arrangements for Financial and Corporate Management. Use of the scorecard provides both the Medical Council and its external stakeholders with a clear and straightforward mechanism for measuring the organisation’s performance in the areas which are of greatest strategic importance.

- **Stakeholders**

The Medical Council’s core stakeholders consist of the public, registered medical practitioners and other key stakeholder groups such as education and training organisations, the Department of Health & Children, the Health Service Executive, other medical regulators, patient safety groups, professional bodies etc. The Medical Council believes it is vitally important to understand how the organisation is performing from all of these stakeholders perspectives. The following measures and targets have been identified in order to assess performance.

Measure	Targets
Public Awareness	<ul style="list-style-type: none"> • Establish annual target to increase public awareness of the Medical Council post baseline study. Baseline 70%; target 5% year-on-year increase to 2013.
Public Confidence	<ul style="list-style-type: none"> • Link to public awareness survey. Establish annual target to increase public confidence in the Medical Council post baseline study. Baseline 62%; target 5% increase year-on-year to 2013. • Establish via a study (ies) an assessment of public (complainant) confidence in Council Complaints and Inquiry processes (post full completion of process). • Study 1: Baseline 49% complainant satisfaction with process (opportunity to respond/ reply); Baseline 59% complainant satisfaction with process (understanding process); target 5% increase year-on-year to 2013.
Profession Confidence	<ul style="list-style-type: none"> • Conduct baseline analysis on number of appeals (related to Council decision making functions) and assess as an indicator of professional confidence in Medical Council processes & procedures (cross organisational): <ul style="list-style-type: none"> ○ Registration appeals: 90% of Registration appeals to be conducted within 3 months of appeal being lodged. Also the % of appeals against refused applications by SIPC will establish baseline in 2012 ○ PRES: New Baseline to be identified incorporating ESD. • Council Complaints and Inquiry processes Study 1: Baseline 81% registrant satisfaction with process (opportunity to respond/ reply); Baseline 78% registrant satisfaction with process (understanding process); target 2% increase year-on-year to 2013.

	<ul style="list-style-type: none"> Percentage increase in confidence of registrants in the Medical Council to be agreed post baseline study. Metric to be established in 2012.
Satisfaction with interactions among Profession	<ul style="list-style-type: none"> Achieve an 80% satisfaction rate with usefulness and quality of interactions with the Medical Council (cross organisational) Annual retention process survey: Baseline set at 70%; target 5% increase year-on-year to 2013. <ul style="list-style-type: none"> Registered medical practitioners' survey: Baseline to be established in 2012.
Number of engagements (Public/Profession/Other Stakeholders)	<ul style="list-style-type: none"> Establish Stakeholder Engagement Plan. Put in place annual metric for engagement with public, profession and other stakeholders. 2012 metrics: <ul style="list-style-type: none"> Public 9 Profession 17 Other Stakeholders 20

• **Systems and Processes**

A complex array of systems and processes, established in line with the MPA 2007, underpin the operations of the Medical Council. The efficient and effective management of these enable Council to conduct its regulatory functions in the interests of patient safety and public protection.

The following measures and targets have been selected to assess the effectiveness and efficiency of certain core systems and processes.

Measure	Targets
Compliance with Medical Practitioners Act 2007	<ul style="list-style-type: none"> Annual Audit of MPA to assess levels of compliance and/or non-compliance. Audit completed on an annual basis.
Interaction response & process completion <u>efficiency</u>	<ul style="list-style-type: none"> Registration: <ul style="list-style-type: none"> Average processing/verification time from submission of completed application for registration reduced from 4-6 weeks to a maximum of 4 weeks during normal (non-peak) workloads by 2013. Baseline established 62% applications processed within 6 weeks. 2012 target set at 75% completion rate within six weeks during normal non peak time. Average level of Registration Helpline Service to increase from 72.3% baseline by 5% year-on-year. Complaints & Inquiries <ul style="list-style-type: none"> Average time for opening new complaint files – 2 working days. Median time from receipt of complaint to decision of PPC – 16.5 weeks. Average frequency of Call Over hearings – 6 weeks. Median time taken from decision of PPC to refer to

	<p>FtPC and commencement of inquiry 21 weeks.</p> <ul style="list-style-type: none"> • Median time completion of inquiry to Council decision on sanction – 1 month.
	<ul style="list-style-type: none"> ◆ Accreditation <ul style="list-style-type: none"> • All Irish undergraduate programmes and the bodies that deliver them to have undergone an accreditation process by 2013 (6:2011; 2: 2012; 1: 2013). • Basic training sites earmarked by Council for inspection (pending undergraduate accreditation visits) to be inspected by 2013. • 3 existing and 1 new overseas programme and the bodies that deliver them to have undergone accreditation process by 2013 (2: 2011; 2: 2012) • Monitoring Visit Schedule (pending undergraduate accreditation visits) to be fully adhered to. • 38 Intern training sites to be inspected by end of Q2 2011. • Any intern training sites additional to the 38 above to be inspected for 2011/2012 and 2012/2013 intern intake. • All currently recognised 13 Post Graduate Training Bodies and their associated training programmes to have undergone an assessment process by 2013 (5 bodies: 2011; 5: 2012; 3: 2013). • Any postgraduate training sites earmarked by Council for inspection (pending postgraduate accreditation process) to be inspected as per agreed schedule. • All current aspirant specialties (AS) to be provided with application guidance and standards by Q4 (end) 2010. • Determination of any new specialties: Stage 1 (triage) of AS completed within 6 months of receipt of relevant information and fee from AS; Stage 2 (full accreditation process) to be completed within 9 months of completion of Stage 1.
	<ul style="list-style-type: none"> • ICT <ul style="list-style-type: none"> • Quarterly assessment of business critical ICT services (voice and data services during core working hours) fully operational not less than 100% of time.
	<ul style="list-style-type: none"> • Professional Competence <ul style="list-style-type: none"> • Average duration of Performance Assessment per quarter versus target. • Number of compliance audits per quarter versus target

Interaction response & process completion effectiveness	<ul style="list-style-type: none"> Registration <ul style="list-style-type: none"> Baseline established: 90% of appeals completed within 12 weeks of appeal being lodged.
	<ul style="list-style-type: none"> Complaints & Inquiries <ul style="list-style-type: none"> Annual analysis of % of appeals and % of successful appeals against decisions made by PPC; FtPC, Council Sanctions; Section 60 Applications. Baselines established <ul style="list-style-type: none"> Judicial Review 3% of completed inquiries; Appeals 5% of completed inquiries Section 60 Applications 0% of successful applications
	<ul style="list-style-type: none"> Accreditation <ul style="list-style-type: none"> Establish by end Q2 2011 via the intern registration process a measure of graduate preparedness for clinical practice as an intern (repeat process for measurement annually thereafter). Baseline to be established in 2012.
	<ul style="list-style-type: none"> ICT <ul style="list-style-type: none"> Quarterly assessment of ICT services to users (voice and data services during core work hours) against benchmark of 100%.
	<ul style="list-style-type: none"> Professional Competence <ul style="list-style-type: none"> Outcomes of performance assessment. Outcomes of compliance audit.

• **People**

The Medical Council recognises the importance and value of its people (staff and Council) and has identified a number of targets that can be used to further improve and measure performance and enable the organisation to perform effectively and efficiently, maintaining the confidence of the public and the profession.

Measure	Targets
Learning and development	<ul style="list-style-type: none"> Spend on training and development for staff and Council members to equate to 2.5% of payroll. Achieve Level 3 on Kirkpatrick¹ or similar model. (Level 3 indicates that tangible improvements have been evidenced as a result of participation in training/development opportunities).

¹ The four levels of Kirkpatrick's evaluation model measure:

1. Reaction of participants- what they thought and felt about the training
2. Learning - the resulting increase in knowledge or capability
3. Behaviour - extent of behaviour and capability improvement and implementation/application
4. Results - the effects on the business or environment resulting from the participant's performance – includes Return on Investment

Performance	<ul style="list-style-type: none"> 80% of staff meet and/or exceed objectives identified as part of the annual performance management and development process.
Staff Satisfaction	<ul style="list-style-type: none"> Achieve 80% staff satisfaction level by 2013 assessed through annual survey (post benchmark). Benchmark established 63% satisfaction rate. 2012 target 7% increase; 2013 target 5% increase.

- Finance & Corporate Management**

The Medical Council must operate in a cost-effective manner and in full compliance with relevant legislation and guidelines including the Code of Practice for the Governance of State Bodies. Council has identified revenue sources and operational efficiencies as a way to measure the financial and corporate performance of the organisation.

Measure	Targets
Revenue Sources	<ul style="list-style-type: none"> Achieve 10% diversification of revenue sources by 2013. (Registration revenue currently accounts for 95% of Medical Council revenue). Targets are 2011 – 3.3%, 2012 – 2.5% and 2013 4.2%
Operational Efficiencies Achieved	<ul style="list-style-type: none"> Achieve operational cost savings of 7.5% by 2013 on discretionary (i.e. non-fixed) expenditure. 2011 target set at 2.5% ; 2012 target set at 1.5%; 2013 target set at 3.5%

Operational Context and Challenges for 2012

This plan has been framed within a challenging fiscal and human resources environment. To allocate and use our finite resources effectively consideration has been given to our primary focus on patient safety in addition to 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 2011 and the forecasted Financial Position for 2012
- 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 second full year of business planning for the Medical Council and again its scale is challenging. A summary report on the implementation of the 2011 Business Plan is contained in Appendix 1 of this document. Detailed reporting will be provided in the Medical Council's Annual Report 2011. The plan contains a number of new commitments for delivery by the Executive and requires a high degree of support for implementation. This plan will be reported and monitored against the Balanced Scorecard, the targets for which were established through a process in 2011 and cover areas such as:
 - People – Implementation of a system at Performance Management and Development for all staff and development of an organisational Training and Development Plan
 - Stakeholders - Repeat studies to assess the increased levels in public and profession confidence in the Medical Council
 - Finance and Corporate – Identification of diversified revenue sources and increased operational efficiencies
 - Systems and Processes – Utilise a series of metrics established in 2011 to closely monitor implementation of core regulatory functions to ensure their efficiency and effectiveness
- *Staff numbers*: the impact of the general moratorium on recruitment and promotion continues to be addressed through mapping staff resources to operational need, redeploying staff where necessary, automation of processes and outsourcing of discrete tasks/projects. In line with the Croke Park Agreement and its directions a number of HR initiatives were implemented:
 - a staff mobility policy was implemented to promote staff mobility and diversification, and this policy will continue to be implemented where possibilities to facilitate redeployment within equivalent grades arises
 - an EO / CO Development Programme to develop staff in key areas was successfully delivered.
 - a Staff Satisfaction Survey was conducted in line with the HR strand of internal communications and, arising from feedback received from this survey, the Internal Communications Group was established to make recommendations for improvement in this area. Targets for improvement were set and a repeat survey will be conducted in 2012.

- *Financial Resourcing:* 2012 will see a concentrated emphasis on continuous financial monitoring and the monitoring of recently introduced procurement processes. A continued focus on tight controls over expenditure, including a programme of cost reduction measures to drive down costs, and a continued exploration of diverse income streams will take place. As the Medical Practitioners Act 2007 has been fully commenced and the additional functions and responsibilities have now been implemented, the Council is acutely conscious of the challenges it faces regarding funding to support the delivery of its current and expanding role.
- *Legal challenges/appeals:* The broader range of decision making functions vested with the Medical Council may lead to an increased number of legal challenges or appeals being taken in 2012. In addition to ensuring the robustness of processes and procedures a reserve fund, in line with practice adopted by other similar regulatory bodies, has been ring fenced for this purpose. Cost reduction measures such as robust procurement processes and a reduction in daily rates for Senior and Junior Counsel were negotiated and implemented in 2011.
- *Professional Competence:* This will be the first full year of new professional competence functions and it is anticipated that the full extent of the demands on Medical Council resources will be a challenge. The fitness of the legislative basis to registration functions for the purpose of monitoring compliance with professional competence requirements will continue to be tested and reviewed to identify the role for stronger, more modern regulatory approaches to overseeing continuing practice such as annual practicing certification or licensing and revalidation.
- *Medical Workforce Planning:* This continues to create challenges for the Medical Council to respond to employer demands relating to the registration of doctors.

Operational challenges and risks will continue to arise as 2012 progresses and the Executive will continuously monitor their impact taking corrective action, including adjustment of the Business Plan, where significant issues arise.

Aligned with the strategic objectives, our key operational challenges for 2012 are:

Education and Training

- The administration of Level 2 examinations specified for entry to the Supervised Division of the Register established by the Medical Practitioners (Amendment) Act 2011.
- The development and implementation of a comprehensive operational plan governing all aspects of the accreditation and approval processes for the five overseas basic programmes will require significant human, financial and other resources.
- Participating in effective lobbying on relevant issues e.g. Human Tissue Bill and proposed changes to EU Directive 2005/36/EC.

Registration

- To embed MyDoc and facilities for online application processes to better support doctors at every stage of the registration process.
- The development of the criteria for assessing and granting/refusing specialist registration applications which are not eligible for automatic registration and to continue to develop a new application process for specialist registration that implements Council policy and supports applicants.
- Completion of a project to re-draft criteria for specialist registration, incorporating the review of Code of Conduct for competent authorities falling under EU Directive 2005/36/EC.

Professional Competence

- Operating, for the first time, new procedures to monitor and enforce as necessary doctors' compliance with requirements to maintain professional competence. In so doing, ensuring a regulatory approach which protects the public and supports medical professionalism.
- Operating, for the first time, new procedures and activities to respond to concerns about doctor's performance. In so doing, ensuring that the procedures and activities are defensible and sustainable in the face of new demands.
- Reviewing the implementation of the Medical Council's new arrangements for professional competence to ensure that they are effectively supporting the object of Council and its Statement of Strategy, benchmark positively to similar arrangements operated by other bodies internationally, and are sustainable.

Professional Standards

- Establishment of new PPC procedures, to include the design and implementation of a training programme for Case Officers.
- The management of inquiries, within the restrictions imposed by the MPA 2007, poses certain challenges specifically in ensuring necessary and appropriate membership of inquiry panels.

Support Services

- In accordance with the objectives set out in the Council's Statement of Strategy the implementation of the Medical Council's Communications Strategy 2012 will continue to support a better understanding of the Council's roles and functions amongst key stakeholder groups.
- Financial focus on continued development of alternative income streams in order to diversify the existing revenue base and review of the current funding model to support the expanding remit of the Medical Council.
- Implementation of a range of HR initiatives including PMDS, revised HR policies and procedures and an organisational Training and Development Plan to continue to develop and motivate staff, ensuring the most effective utilisation of resources through the operation of the Medical Council's Mobility Policy. The strategy is aligned with the overall strategic activity of the Council so it can act as an enabler to the achievement of the Council's strategic objectives.
- The implementation of the Disaster Recovery Plan as designed in 2011.

Communications

- Ensuring continued communications with all stakeholders, through the Communication Strategy 2012, to ensure that the remit of the Medical Council is clear and understood.
- Enhancing online communications to ensure that traffic is effectively increased and directed to appropriate areas of the website.
- Implementing a diverse programme of activities while responding effectively to emerging issues which may arise over the course of 2012.

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:**

Council's role is to protect the public by promoting and ensuring the highest standards amongst doctors. The Medical Council Statement of Strategy 2010-2013 outlines our strategic objectives for the current term of Council. A number of Council initiatives have been driven with patient safety at the forefront of our policies and processes:

- The Medical Council is a signatory to the Patient Safety First Initiative. The Minister for Health and Children first launched this initiative in September 2010 to *“provide a common identity under which organisations can commit to prioritising above all other priorities, the safety of patients and the quality of care they receive”*. We strongly support this initiative for the promotion of patient safety, which is a primary driver in our activities and with Council's objectives in the Statement of Strategy.



- The Medical Council continued to be involved in a group established by the Ombudsman's Office to assist in the development of a website for members of the public which provides guidance on how to make a complaint/raise a concern about health and social care services in Ireland. This guide is available at <http://www.healthcomplaints.ie/>
- The National Clinical Effectiveness Committee (NCEC) was established under the Patient Safety First initiative to *“provide a framework for national endorsement clinical guidelines and audit to optimise patient care”* (<http://www.patientsafetyfirst.ie/index.php/national-clinical-effectiveness-committee.html>). The Head of Professional Competence represents the Medical Council on this Committee and ensures that its work links with the Medical Council's new role in ensuring that doctors maintain professional competence.
- The Council's Head of Professional Standards & Legal Advisor is a member of the Irish Medicines Board's (IMB) *Consultative Panel on the Legal Classification of Medicines* which has been established to assist the IMB in their review of licensing of prescription only or over the counter medicines.
- The Medical Council's CEO is a member of a Working Group on Retention of Medical Talent in Ireland, led by the Forum of Postgraduate Medical Training Bodies and the Advisory Group to the Minister for Health on the development of a new Specialist Grade

- **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 has strengthened links with the Health Service Executive, the Pharmaceutical Society of Ireland and the Irish Medicines Board through the establishment Memoranda of Understanding. These arrangements have provided a structured framework for collaboration on areas of mutual interest and we plan to improve our links with HIQA, An Bord Altranais and other regulatory bodies in 2012. We are also a partner on the Forum of Health and Social Care Regulators which seeks to share best practice and advance common interest for the benefit of the public.

Medication use is recognised internationally as a priority for promoting patient safety. It depends on safe medication prescribing by doctors, safe medication dispensing by pharmacists and safe medication consumption by patients. Effective inter-professional working is therefore key to ensuring medication safety. The Medical Council and the Pharmaceutical Society of Ireland (PSI) oversee the professional practise of doctors and pharmacists in Ireland; the PSI also regulates pharmacies. In 2011, the Medical Council and PSI signed a Memorandum of Understanding (MOU) and in 2012 will undertake a joint project to promote inter-professional collaboration for medication safety in Ireland.

- **Strengthening international cooperation:**

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 continue to 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.

The Medical Council is a signatory to the Berlin Statement and is also a member of the Association of Regulatory and Disciplinary Lawyers to promote best practice on regulatory law. We are 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 for the Study of Medical Education), AMSE (Association of Medical Schools in Europe) and AMEE (Association for Medical Education in Europe) are contributing to the assessor pool. Council’s Head of Education and Training acted as an expert advisor in the consultation of WFME standards.

Financial Position 2012

Summary of the 2012 Financial Position

The Medical Council Financial Position 2012

	Forecasted 2011		Budget 2012	
	€'000	% of total	€'000	% of total
<u>Income</u>				
Annual retention fees	7,770	78.26%	7,734	79.73%
Application fees & miscellaneous income	1,612	16.24%	1,338	13.79%
Miscellaneous & Investment income	547	5.51%	628	6.47%
	<u>9,929</u>		<u>9,700</u>	
<u>Expenditure</u>				
Payroll costs	3,517	34.94%	3,589	33.17%
Legal expenses	2,602	25.85%	2,683	24.79%
Rent and rates	947	9.41%	952	8.80%
Council/Committee & Staff meeting and T&S expenses	305	3.03%	359	3.32%
Depreciation	643	6.39%	652	6.03%
Premises costs	444	4.41%	482	4.45%
Other operating/administrative costs	1,608	15.97%	2,104	19.44%
	<u>10,066</u>		<u>10,821</u>	
Operating surplus/(deficit) for the year	<u>(137)</u>		<u>(1,121)</u>	

The Medical Council has forecasted income of €9.9m for 2011. The Medical Council invoiced approximately 18,000 Doctors in July 2011 amounting to €7.8m covering the retention year July 2011 to June 2012. Budgeted income for 2011 is anticipated to be approximately €9.7m which is a 2% decrease on forecasted income for 2011. This represents a €230K drop in revenues for 2012. This is due mainly to an anticipated fall in applications for the General and Supervised Divisions. In 2011 an increase in General Division applications was experienced but a significant number of these applications were not successful and as a consequence a lower number of applications are expected in 2012. It is also anticipated that the number of Supervised Division applications will be lower than the initial numbers processed in 2011.

There is no fee increase budgeted at this time, but a review of fees and the fee structure is planned in the first quarter and some increase in fees cannot be ruled out. There has not been any increase in fees for the past three years despite significant increases in costs resulting from expanded responsibilities under the Medical Practitioners Act 2007 and increases in the number of complaints received by the Council. The fee increases below would provide the following revenues of over one to three years based on current numbers on the Register of Medical Practitioners:

	Annual	3 year Cumulative
2%	155k	470k
3%	230k	550k
5%	385k	710k

It is also important to note that the Medical Council is focusing on ways of diversifying its revenue base and progress has been made in 2011 in this area. A focus on diversification of revenues including new or increased fees for accreditation of undergraduate and postgraduate programmes is being considered. Such charges could accrue revenue of up to €270k per annum.

Expenditure for 2011 is forecasted to be in the region of €10.0m. Budgeted expenditure for 2012 is €10.7m, a €706k (7.5%) increase on the 2011 forecast. The main reasons for this increase include:

- The establishment of the Preliminary Proceedings Committee Case Officer Structure (€430k)
- The implementation of Professional Competence Assessment Schemes increase over 2011 €236k
- Communication cost increases of €44k
- Preventative maintenance cost €32k increase over 2011

In addition a 2% increase in VAT has added to the cost base (approximately €100k) but saving in other areas particularly printing and postage costs as a result of changes in procedures relating to circulation of meeting briefs, security and other overhead costs have partly offset the increases above. A cost

reduction programme in 2011 resulted in reductions of €135k in operating cost including security, printing, postage, insurance, legal costs and others. This programme will continue in 2012 with particular emphasis on streamlining and automating processes where possible.

The deficits are arrived at after charging depreciation which is a non cash expenditure item but before the FRS17 adjustment for pension liabilities. The surplus reserve in the accounts of the Medical Council is retained to be used to defend a significant legal challenge to any of its decisions. This retention of a material surplus reserve is normal practice for a regulatory body such as Medical Council. In addition this reserve may be used for the purposes of the funding of our premises at Kingram House.

2012 Operational Plans by Directorate

The executive functions of the Medical Council are organised under three main Directorates which together with the Office of the CEO work collaboratively to manage the day-to-day affairs and operations of the organisation. The Office of the CEO incorporates the Council's Communications Unit.

The Directorate of Professional Development and Practice: This Directorate houses functions which are mapped against the career of a doctor from when a medical student first enters university until the time when a doctor retires from practice. The work of this Directorate is chiefly concerned with ensuring that medical education and training is in line with the highest international standards, that the Register of Medical Practitioners is robust and provides assurance to the public of a doctor's good standing and that doctors are supported to maintain their professional competence throughout their career. The Directorate is led by a Director of Professional Development and Practice and has three main Sections: Education and Training, Registration and Professional Competence.

The Directorate of Regulation: The principle functions falling within this Directorate are monitoring the Professional Standards of registered medical practitioners, advising on policy regarding developments in regulatory/compliance matters to inform the work of Council, ensuring compliance with all relevant sections of the Medical Practitioners Act 2007 (as amended) and facilitating the provision of legal advice to the Council, the CEO and Council Directorates. Specific areas of work within the Directorate currently centre on the management of the Council's complaints and inquiries process, the monitoring of conditions imposed on doctors' registration, supporting the Health Sub-Committee and the provision of legal advice.

Directorate of Finance and Administration: This Directorate provides cross-organisational support to ensure the effective and efficient implementation of objectives of the Council. The Directorate incorporates the following functions: Financial Planning and Management; Human Resources Management; ICT; Corporate Affairs and Operations. The Directorate is chiefly concerned with key areas such as Risk Management, compliance with statutory reporting in addition to legislative and governance requirements and responsibilities. The Directorate is led by a Director of Finance and Administration and has three main Sections: Finance, Corporate Services & HR and ICT & Operations.

Directorate of Professional Development and Practice

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 issues are considered by the Professional Development Committee (PDC); its sub-committees are the Intern Training Sub-Committee (ITSC), Setting Standards Sub-Committee (SSSC), Monitoring Standards Sub-Committee (MSSC) and the Examinations Sub-Committee (ESC) (a reconfiguration of the PRES Working Group and Examinations for the Supervised Division Working Group).

This section is led by the Head of Education and Training, supported by two Senior Executive Officers, four Executive Officers and one Clerical Officer.

Strategic Objective	Outcome	Action	Deliverables	KPI	Target Timescale
SO 1.2) Develop and implement a process to review education and training standards to ensure ongoing appropriateness	Process in place to review the education and training standards	To review and report on continuing appropriateness and quality of standards set under Sections 49, 88 and 89 of MPA 2007	Examine and provide advice on appropriateness and quality of current standards and facilitate the further development of review by supporting the Standard Setting Sub Committee and Standard Monitoring Sub-Committee and the PDC in their work in this area	Council has considered the recommendations of the SSSC and SMSC	Q3
SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance with the Council's education, training and professional competence standards	Monitor all basic programmes and the bodies that deliver them, through Annual Return process	Identification of innovations and concerns in established programmes	Develop and implement comprehensive operational plan for annual monitoring of all approved basic programmes and bodies.	Council has considered the results	Q4

SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance with the Council's education, training and professional competence standards	Council decision in relation to approval of three basic (graduate entry programmes) and the bodies that deliver them - UCC, UCD & UL	Complete accreditation process for three GEPs	Develop and implement comprehensive operational plan governing all aspects of the accreditation and approval process.	Council decision under S.88(2) of MPA 2007	Q2
SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance with the Council's education, training and professional competence standards	Council decision in relation to approval of five overseas basic programmes and the bodies that deliver them	Complete accreditation process for five basic programmes	Develop and implement comprehensive operational plan governing all aspects of the accreditation and approval process.	Council decision under S.88(2) of MPA 2007	Four in Q1 and one in Q2
SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance with the Council's education, training and professional competence standards	Council decision in relation to the accreditation of five PGTBs	Complete accreditation process for five PGTBs - five of the six bodies under RCPI 'umbrella'	Develop and implement comprehensive operational plan governing all aspects of the accreditation and approval process.	Council decision under S.89(3)(a) of MPA 2007 made in relation to five training bodies	One in Q1, two in Q2, one in Q3 one in Q4
SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance with the Council's education, training and professional competence standards	Council decision in relation to accreditation of a minimum of five programmes of specialist training	Complete accreditation process for minimum of five programmes of specialist training	Develop and implement comprehensive operational plan governing all aspects of the accreditation and approval process.	Council decision under S.89(3) of MPA 2007 made in relation to minimum of five programmes	Q4

SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance with the Council's education, training and professional competence standards	Consumer feedback obtained to inform future accreditation of basic programmes	Analyse and report on graduates' "preparedness for internship" survey results	Develop and implement intern survey as part of QA process	Council has considered the results	Q4
SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance with the Council's education, training and professional competence standards	Council fulfils its role as the licensing authority under relevant anatomy legislation	Facilitate Inspector of Anatomy and Council to fulfil their statutory roles	Support licensing, inspection and related statutory responsibilities in anatomy	Relevant licences granted, relevant places inspected, relevant returns received and any other statutory duties fulfilled	Q4
SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance with the Council's education, training and professional competence standards	Council decision made on recognition of a minimum of two aspirant specialties	Complete stage two review for a minimum of two aspirant specialties	Develop and implement operational plan to complete review process for minimum of two aspirant specialties	Council decision under S.89(1) of MPA 2007 made in relation to minimum of two aspirant specialties	Two in Q1
SO 1.4) Ensure an appropriate process for assessment and registration of other EU and non-EU doctors	Administer examinations specified for entry to the relevant division of the Register under Section 11 (2)(i) and Section 46(b)(i) and for entry to the Supervised Division of the Register established by the Medical Practitioners (Amendment) Act 2011	Develop process for tendering for examination providers. Administer appropriate PRES Level 2 and Level 3 examination for entry to the relevant division and administer appropriate Level 2 ESD examination, as per Council-determined criteria and timetable, for entry to the Supervised Division.	Organise and administer exams to Council-approved format and timetable	Minimum of one and maximum of three Level 3 PRES exams held and ESD exams to be determined following review of MOU in January 2012	PRES: Q1-Q4 ESD: 1 exam Q2 and one in Q4

SO 1.4) Ensure an appropriate process for assessment and registration of other EU and non-EU doctors	Online application process for examinations developed	Develop, in conjunction with Heads of ICT and Finance, the online application process for candidates taking PRES and ESD examinations, through definition of requirements.	PRES Level 3 and ESD Level Two application process becomes more streamlined and efficient for Education and Training and Finance Sections	A more efficient application system is implemented	Q2-Q3
SO 1.4) Ensure an appropriate process for assessment and registration of other EU and non-EU doctors	Annual statistics can be easily produced	Develop, in conjunction with Head of ICT, the functionality of the NICS system to support the generation of reports to produce statistics on candidates taking PRES and ESD examinations, through definition of requirements.	Annual statistics and reports can easily be generated for management and annual reports on the statistics relevant to administration of the examinations	Monthly reports and annual reports	End Q3
SO 2.1) Ensure the appropriateness of the registration framework, including the divisions and processes relating to registration and retention of registration	Requirements under Section 49 of the MPA 2007 fulfilled in relation to issuing Certificates of Experience	Complete necessary initial inspections and necessary re-inspections of Intern Training sites	Organise and support inspections in line with Council-approved format and timetable	Certificates issued on request to eligible doctors	Q2
SO 2.1) Ensure the appropriateness of the registration framework, including the divisions and processes relating to registration and retention of registration	Monitor intern training sites, through Annual Declaration process	Identification of innovations and concerns in approved sites	Devise and implement Annual Declaration process	Council has considered the results	Q3
SO 5.3) Develop and implement a comprehensive strategy for engagement with other stakeholder groups	Enhanced channels for engagement with consumers of basic medical programmes i.e. students	Develop and implement strategy for engagement with students	Devise and implement in collaboration with other Sections a student area of the website	Student area of Medical Council website established	Q4

SO 6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate	Enable effectiveness through appropriate and efficient internal systems and processes	Ensure a focus on excellence in people management and personal development for Council members and staff	Implement PMDS across E&T	PMDS implemented	Q4
			Conduct monthly sectional meetings	Monthly sectional meetings held	
			Provide training in Education & Training accreditation activities to Assessment Panel members if deemed appropriate and necessary	Training of Assessment teams conducted	
SO 6.4 Ensure that organisational processes are effective and user friendly	Data collection processes in place	To access appropriate, relevant and timely data which will provide feedback on the effectiveness/success of operational activities and be supported by metrics to measure these activities	Development of a comprehensive list of data sets that are appropriate to the activities within the section and feed this data into the existing Management Team dashboard & Annual Reporting process	The data sets reflect and measure all relevant activities within the section	Quarterly
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Effective committee support in fulfilment of Council's statutory responsibilities under Section 11 (2)(f), Section 46(b)(i) Section 49, Part 10 and Section 106 of MPA 2007	Facilitate PDC, its Sub-Committees, and Working Groups through effective support and administration	Support meetings calendar in line with agreed process	All scheduled and unscheduled meetings of Committee and Sub-Committees are organised, held, minuted and actions arising for the Section are completed	Q4
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Technology is maximised to support and streamline work	Develop, in conjunction with Heads of ICT, Registration and Finance, the application process for candidates taking PRES and ESD examinations, through definition of requirements	Application process becomes more streamlined and efficient for Education and Training, Registration and Finance Sections	A more efficient application system is implemented	Q2-Q3

SO 6.7) Optimise the use of Medical Council resources	Responsibility for management of section related budget devolved to section	Systems and processes in place to manage track and report day to day expenditure against budget forecast.	Annual budget developed and monitored against quarterly expenditure forecast	Expenditure matches budget	Quarterly
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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 EU 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	Outcome	Action	Deliverables	KPI	Target Timescale
6.4) Ensure that organisational processes are effective and user friendly	Registration processes are efficient and maintain integrity of the Register	Management of registration processes are effective to ensure confidence in the Register	Plan sufficiently to ensure a smooth peak processing and effective application assessment throughout the year, including capture of Management Information to improve planning processes	75% of applications processed within 6 weeks	Ongoing
					Hearings conducted within eight weeks of doctor requesting a review
					Review of data requirements completed by Q1
					Peak processing plan developed by Q1
			Enable effectiveness through ongoing review of internal systems and processes, including ongoing review and assessment of current NICS usage and improved usage	Improved understanding and usage of NICS	Ongoing
SO 1.4) Ensure an appropriate process for assessment and registration of other EU	Specialist registration requirements aligned across all legislative frameworks	Management of specialist registration processes are effective in assessing and	Complete a project to re-draft criteria for specialist registration, incorporating the review of Code of Conduct for competent authorities falling under EU	Criteria for specialist registration available on	Redrafted criteria approved by Council Q1 (Jan)

and non-EU doctors		determining applications	Directive 2005/36/EC	website and used for applying for and assessing applications	Engagement with the training bodies to be completed by Q3.
					All PGTBs utilising redrafted procedures and processes effectively by Q4
SO 2.1) Ensure the appropriateness of the registration framework, including the divisions and processes relating to registration and retention of registration	Registration process improvements put in place	Business process which address current processing difficulties	Undertake a project to address a number of areas where process improvements and information to applicants can be enhanced, in particular a reduction in the number of incomplete applications being received	Number and quality of complete applications will be at 80%	Q3 - All recommendations of review implemented.
				Reduced information requests to Registration while improving turnaround time for appropriate queries.	Q4 - Qualitative review of impact on business outcomes.
			Improve advice and content of annual retention notice to ensure information sent to registered practitioners is appropriate and coherent	Call levels during the busy period reduced by 40% on 2011 levels	Q3 - Report outcomes of busy period call levels.
				Increased satisfaction and confidence levels amongst practitioners to be at 70%	Q4 - Report 2012 satisfaction and confidence levels.

SO 5.3) Develop and implement a comprehensive strategy for engagement with other stakeholder groups	Proactive engagement with the public, the profession and other stakeholders	Strategies in place for effective engagement	Meet with locum agencies regarding their recruitment drives; attend briefing session with MMM Group	Meet with minimum 5 key stakeholders - Recruitment agencies; METR; MMM Group; Forum of PGTB's; Final Year Med Students and commencing Interns	Ongoing
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Effective Committee support in fulfilment of Council's statutory responsibilities under Section 11 and Part 6 of MPA 2007	Facilitate SIPC, its Sub Committees, and Working Groups through effective support and administration	Support meetings calendar in line with agreed process	All scheduled and unscheduled meetings of committee and sub-committees are organised, held, minuted and actions arising for the Section are completed	Q4
SO 6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate	Enable effectiveness through appropriate and efficient internal systems and processes	Ensure a focus on excellence in people management and personal development for Council members and staff	Implement PMDS across Registration	PMDS reviews completed	Q4
			Conduct monthly sectional meetings	Meetings conducted each month	Monthly
			Training of new panel members to Registration Review Panels	Panel members trained	As needed
			Undertake a review of the organisation of the Registration section in light of outcomes of HR Review.	Resources better matched with workloads and priorities	Dependent on HR Review timetable

SO 6.7) Optimise the use of Medical Council resources	Responsibility for management of registration related budget devolved to section	Systems and processes in place to manage track and report day to day expenditure against budget forecast.	Annual budget developed and monitored against quarterly expenditure forecast	Expenditure matches budget	Quarterly
SO 6.4 Ensure that organisational processes are effective and user friendly	Data collection processes in place	To access appropriate, relevant and timely data which will provide feedback on the effectiveness/success of operational activities and be supported by metrics to measure these activities	Development of a comprehensive list of data sets that are appropriate to the activities within the section and feed this data into the existing Management Team dashboard & Annual Reporting process	The data sets reflect and measure all relevant activities within the section	Quarterly

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 overseeing schemes operated by recognised bodies to support doctors to maintain professional competence and by assessing the performance of doctors where additional assurance regarding maintenance of professional competence is required by the Medical Council. The Professional Competence Committee directs and oversees the Medical Council's professional competence duties under Part 11 of the Medical Practitioners Act 2007. An independently chaired Professional Competence Schemes Liaison Group facilitates coordination and communication with relevant bodies recognised by the Medical Council to operate schemes to support doctors to maintain professional competence.

This section is led by the Head of Professional Competence, supported by one Senior Executive Officer, two Executive Officers and one Clerical Officer.

Strategic Objective	Outcome	Action	Deliverables	KPI	Target Timescale
SO 3.1) Develop and implement professional competence schemes	Professional Competence Schemes under arrangement with 13 recognised bodies operational	Manage arrangements with bodies to ensure schemes are operational in line with Medical Council standards.	Receive and review annual quantitative and qualitative reports from recognised bodies	13 sets of reports from 13 recognised bodies; % of reports approved by Medical Council, KPIs from PGTB report	Q2
			Receive and review annual operational plans from recognised bodies	13 operational plans from 13 recognised bodies; % of operational plans approved by Medical Council	Q2
			Enforce Medical Council standards as required	No. of bodies where corrective action is required, target = 0	Q3
			Issuance of guidance to bodies re ongoing operation of schemes as required	Guidance issued to recognised bodies as required on operational issues	Q1-Q4
			Maintain effective communication and engagement with bodies to support operation of schemes	Number of meetings; % of target	Q1-Q4

	Medical Council monitoring of doctor's compliance operational	Implement procedure for monitoring doctor's compliance with maintenance of professional competence	Support cross organisation project to strengthen Annual Declaration procedure	Revised and strengthened Annual Declaration procedure in place	Q2
			Finalise Annual Declaration question re maintenance of professional competence	Question included in Annual Declaration 2012	Q2
			Receive and process annual declaration returns re doctor's compliance with maintenance of professional competence	% of doctors providing response to annual declaration question; % declaring compliance	Q3-Q4
			Identify pool for compliance audit	No. of doctors included in audit pool for 2013	Q4
	Implement ICT to monitor and audit doctor's compliance with professional competence	Develop NICS specification for managing monitoring and auditing of professional competence compliance	Professional Competence monitoring and auditing specification approved by NICS project board	Q1	
			Support development of NICS functionality for follow up of annual declaration	NICS functionality in place to support follow up of annual declaration	Q2
			Support development of NICS functionality for audit of professional competence compliance	NICS functionality in place to support audit of professional competence compliance	Q4
	Promote doctor's awareness of monitoring and audit	Develop and implement communication action plan re	% of doctors responding to annual declaration; % of	Q1-Q3	

		arrangements for professional competence	monitoring and audit arrangements for professional competence	doctors responding to professional competence question	
	Performance procedures operational and ongoing development supported	Operate performance procedures to handle referrals of doctors whose performance is a cause of concern	Manage referrals of doctors whose performance is a cause for concern	See Management Team Dashboard	Q1-Q4
		Continue to develop supporting arrangements for performance procedures	Develop specification for NICS functionality to support performance procedures	NICS functionality specification to support performance procedures approved by NICS project board	Q2
			Establish NICS functionality to support performance procedures	NICS functionality to support performance procedures operational	Q4
			Identify, select and train further assessors	No of additional assessors nominated to Assessor Subcommittee	Q1-Q2
			Review and benchmark resources for performance assessment	Any additional resource requirement approved for 2013	Q4
		Maintain effective communication and engagement with bodies to support operation of performance procedures	Develop and implement communication action plan re performance procedures	Communication plan in place re performance procedures	Q1-Q4
3.2) Develop and implement a process to review the effectiveness of the professional	Review of schemes for maintenance of professional competence commenced	Commence review of schemes for maintenance of professional competence	Secure approval of protocol for review of schemes for the maintenance of professional competence	Protocol for review of schemes for the maintenance of professional competence approved	Q1

competence scheme			Issue request for tenders to review schemes for maintenance of professional competence and appoint provider	Request for tenders issued; Provider appointed	Q2
			Provider gathering baseline data on maintenance of professional competence	Baseline report from provider	Q4
	Review of performance procedures commenced	Year 1 operations reviewed	Publish summary of Year 1 operations, including inputs, process and outputs	Summary report on Year 1 operations published	Q4
			Quality assure a sample of assessment reports	Review of a sample of assessment reports completed with recommendations on continuous improvement for BP 2013	Q4
3.3) Develop and implement a process for remediation of doctors following non-compliance with professional competence standards	Process in place to support remediation	Establish roles, responsibilities and arrangements for communication and coordination between stakeholders that support remediation	Task Working Group of Professional Competence Committee with establishing roles, responsibilities and arrangements for communication and coordination between stakeholders to support remediation	No. of meetings of Working Group; Report of Working Group with recommendations; process in place to implement recommendations	Q1-Q2
			Publish guidelines and supporting documents for remediation	Guidelines and supporting documents published	Q2
SO 6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate	Enable effectiveness through appropriate and efficient internal systems and processes	Ensure a focus on excellence in people management and personal development for Council members and staff	Implement new systems and processes and continue existing systems and processes for people management within Professional Competence Section	PMDS baseline completed n(%); PMDS review completed n(%); Sectional Meetings n(%)	Q1-Q4

SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Effective committee support in fulfilment of Council's statutory responsibilities under MPA 2007	Facilitate Committees, and Working Groups through effective support and administration	Support meetings calendar in line with agreed process	All scheduled and unscheduled meetings of committee and sub-committees are organised, held, minuted and actions arising for the Section are completed	Ongoing
SO 6.7) Optimise the use of Medical Council resources	Responsibility for management of registration related budget devolved to section	Achieve financial control within professional competence section	Manage sectional budget in line with devolved responsibility	Sectional Expenditure (Variance)	Q1-Q4
SO 6.4 Ensure that organisational processes are effective and user friendly	Data collection processes are in place	Achieve measurement of functions within professional competence section	Collect, analyse and report on data from processes within Professional Competence section and feed this data into the existing Management Team dashboard & Annual Reporting process	Summary data available for Annual report 2012	Ongoing

Directorate of Regulation

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, up to five Executive Case Officers (EO grade) and one Clerical Officer.

Strategic Objective	Outcome	Action	Deliverables	KPI	Target Timescale
SO2.3) Support doctors in the integration of the 'Guide to Professional Conduct and Ethics' in their professional practice.	Doctors supported to integrate the Ethical Guide into their professional practice	Develop a two-year project plan to map all key areas for the development of guidance and information which illustrate to the profession how the principles in 'Guide to Professional Conduct and Ethics' apply in practice. Use consultation with the profession and key learning from the Council's complaints and inquiry process to inform the development of the plan, its individual components and implementation. Implement year one of the plan in 2012 in line with key metrics.	Consultation undertaken with the profession. An effective process established for continually translating key learning from the Council's complaints and inquiry process into the development of guidance and information. A two-year project plan developed. Year one of the plan implemented in 2012 utilising variety of channels including but not limited to case study development, vignettes for e-newsletter, stakeholder presentations, supplemental guidance etc	A two-year project plan developed. Year one of the plan implemented in 2012 in line with key metrics including but not limited to 2 Case vignette and/or articles published with each e-newsletter. Specific piece of supplemental guidance to the Ethical Guide on relationships between practitioners and industry published.	Q2 Project Plan fully finalised and signed off Q1-Q4 2 Case vignette and/or 2 articles published with each e-newsletter Q2 supplemental guidance published Q4 Year one of plan implemented
SO 2.4) Provide ongoing monitoring of doctors with conditions attached to their registration and facilitate compliance as appropriate.	Provide ongoing monitoring of doctors with conditions attached to their registration and facilitate compliance as appropriate	Doctors with conditions attached are monitored and conditions reviewed. Referral for complaint if there is a failure to comply.	Facilitating meetings and activities of Monitoring Group	All meetings are held & minuted. All practice visits facilitated. All reports delivered to Monitoring Group & SIPC	Q1 – Q4

<p>SO 2.5) Support doctors who have relevant medical disabilities, or associated health-related conditions, to maintain their registration during illness and recovery</p>	<p>Review of the processes and procedures of the Health Sub-Committee. Doctors who have relevant medical disabilities, or associated health-related conditions, supported to maintain their registration during illness and recovery.</p>	<p>Conduct a review of the processes and procedures of the Health Sub-Committee benchmarked to international good practice.</p> <p>Registered medical practitioners with relevant medical disabilities and health disabilities are supervised with oversight by the Health Committee.</p>	<p>A review of the purpose, function and activities of the Health Committee completed. Recommendations made to Council relating to the optimal operation of the Committee. Internal SOP relating to the Health Committee revised and operational</p> <p>Continue to support the ongoing work of the Committee in the discharge of its functions.</p>	<p>Review completed and presented to Health Sub-Committee and Council. Recommendations implemented.</p> <p>Revised SOP signed off and implemented. All meetings are held & minuted.</p> <p>All practice visits facilitated.</p> <p>All reports delivered to Health Sub-Committee & SIPC</p>	<p>Q2 Review completed</p> <p>Q4 Review recommendations implemented fully</p> <p>Q3 SOP signed off</p> <p>Q1- Q4 Committee support</p>
<p>SO 4.1) Promote the process for employers and other healthcare professionals to bring appropriate concerns to the attention on the Medical Council</p>	<p>Process in place to support employers and other healthcare professionals to bring appropriate concerns to the attention of the Medical Council</p>	<p>Develop a specific Health Professional's Guide to referring a doctor to the Medical Council and associated dissemination plan.</p>	<p>Develop a specific Health Professional's Guide to referring a doctor to the Medical Council. Develop and implement a specific dissemination plan for the guide incorporating recommendations on key employer and other groups and appropriate forms of engagement with each e.g. face to face meetings, on-line presentations, focus groups/workshops etc</p>	<p>Guidance document developed. Dissemination plan developed and implemented. Key metrics identified in the dissemination plan achieved.</p>	<p>Q2 Guidance Document published and Dissemination Plan finalised</p> <p>Q3 dissemination plan implemented key metrics achieved</p>
<p>SO 4.2) Ensure the ongoing delivery of effective, fair and transparent complaints processes.</p>	<p>Complaints process & procedures published and operational for Preliminary Proceedings Committee</p>	<p>Establish an effective, fair & transparent complaints process for the PPC compliant with MPA 2007 & consistent with the principles of natural justice. Establish robust internal case management and reporting processes to support the procedures.</p>	<p>Published procedures and update associated guidelines concerning PPC procedures and disseminate to key internal and external stakeholders. Establish a robust internal case management process to support the effective and efficient operation of the PPC procedures in</p>	<p>PPC procedures fully operational PPC procedures document and associated guidelines published. Dissemination plan on procedures and guidelines developed & implemented</p>	<p>Q1</p> <p>Q1</p> <p>Q1</p>

			<p>line with all key metrics. Develop and effective system to continuously monitor and utilise data and key learning's arising. Develop and implement a programme of training for PPC members and PPC Unit Staff supporting PPC</p>	<p>Robust internal case management process documented and operational All key metrics achieved Documented evidence provided on utilisation via the Communications Unit of data and key learning's PPC member training programme implemented in Q1 and Q3 (2 Sessions). Comprehensive accredited PPC case officer training programme implemented</p>	<p>Q1 Q1-Q4 Q2-Q4 Q1 & Q3 Q4</p>
	<p>Complaints process & procedures published and operational for the FTFC</p>	<p>Establish an effective, fair & transparent complaints process for the FTFC compliant with MPA 2007 & consistent with the principles of natural justice. Establish robust internal case management and reporting processes to support the procedures.</p>	<p>Published procedures and associated guidelines concerning FTFC procedures including updated guidance required for committee Chairs, legal advisors etc and disseminate to key internal and external stakeholders. Establish a robust internal case management process to support the effective and efficient operation of the FTFC procedures in line with all key metrics. Develop and effective system to continuously monitor and utilise data and key learning's arising. Develop and implement a programme of training for FTFC members.</p>	<p>FTFC procedures fully operational FTFC procedures document and associated guidelines published. Dissemination plan on procedures and guidelines developed & implemented Robust internal case management process operational All key metrics achieved Evidence provided on utilisation via the Communications Unit of data and key learning's FTFC member training programme implemented in Q2 and Q4 (2 Sessions).</p>	<p>Q1 Q1 Q1 Q1 Q1-Q4 Q2-Q4 Q2 & Q4</p>

	Principles and procedures for the imposition of sanctions developed and operational	Develop clear principles and procedures to support the imposition of sanctions concerning a doctor's registration following completion of inquiry.	Indicative Sanctions Guidance published and updated on a quarterly basis.	Indicative Sanction Guidance Part 1 published Indicative Sanction Guidance Part 2 published Mechanism for sanction guidance quarterly update documented and operational Training provided to Council and FTPC on imposition of sanctions	Q1 Q2 Q2 Q2
SO 5.2) Develop and implement a comprehensive strategy for engagement with the public and medical profession.	All policies, procedures and outcomes concerning Part 7, 8 and 9 published on website following approval by Council.	All policies and procedures concerning Council complaints and inquiry processes including findings of FTPC and sanctions imposed by Council published in a timely fashion on website following approval by council.	Council approved policies published. Council approved procedures published I. Relevant stakeholders informed of results of inquiries and sanctions against doctors.	Council approved policies published within one week of approval. Council approved procedures published one week of approval. Relevant stakeholders informed of results of inquiries and sanctions against doctors in a timely fashion.	Ongoing
	Communication strategy operational in relation to functions and processes of public inquiries	Develop an effective media management strategy in cooperation with the Communications Unit in relation to functions and processes of public inquiries	Communication plan developed in relation to conduct and outcomes of public inquiries	Communications plan in place. Communications plan implemented.	Q1 Q4
SO 5.3) Develop and implement a comprehensive strategy for engagement with other stakeholders groups	Effective engagement with other healthcare regulators to share knowledge and improve processes.	Develop and implement strategy for engagement with other stakeholder groups to share knowledge in relation to matters of common interest	Meetings with FTP forum to proactively engage and encourage knowledge sharing amongst other healthcare regulators	Four meetings in 2012 and two MOUs developed with other healthcare regulators.	Q4

SO 6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate	Programme of development and training concerning functions, duties & powers of the Council in place.	Complete a tendering process for the development of a comprehensive training programme concerning functions, duties & powers of the Council for members & staff. Oversee the design and implementation of the programme for Council members and key Statutory Committees.	Tender process finalised and provider(s) identified. Training programme designed and approved. Training programme implemented in line with KPIs	Tender completed Provider(s) identified Programme developed and approved. Programme implemented: Training for Council and Council Committee members held in line with BP 2012 targets.	Q1-Q2 Q2-Q4
SO 6.3) Embed a 'service-user' focus within the functions and activities of the Medical Council.	Appropriate support provided to complainants & doctors concerning the Council's complaints and inquiry process	In line with results and recommendations contained in B&A survey undertake a review of all correspondence, literature and on-line material to ensure the Council is communicating in an effective manner with complainants & doctors. Include feedback from patient support and advocacy groups and doctors' representative groups to inform the review process. Implement enhancements and amendments in line with review.	Undertake a review of all correspondence, literature and on-line material. Develop a feedback/consultation mechanism for patient groups and doctors representative groups. Implement enhancements and amendments in line with review. Repeat complaints and inquiry process quantitative research.	Review completed Feedback/consultation mechanism developed and documented Consultation/feedback meeting held with key groups: Patient groups -bi annual Doctors representatives - bi annual MDU and MPS (Indemnifiers) -bi annual Complaints and inquiry process quantitative research completed	Q2 Q2 Q1-Q4 Q4
SO 1 to 6)	Advice provided to enable the Council its Committees and Working Groups to discharge its functions within the legal framework.	Provide advice, research and investigation in relation to all matters concerning the functions of Council to ensure that the Council its Committees and Working Groups conduct all activities in a manner that is compliant with the MPA 2007 and the principles of natural justice.	Process established with each Directorate/Section to prospectively identify legal advices required in 2012 in line with the output of the Annual Audit of the MPA. Process to include timeframes and mechanisms for delivery. Rationale and costing identified where external advice is provided. Schedule of legal advices agreed with individual Directorates and	Process established Schedule established Rationale and costing for all external legal advice in place in advance of commissioning. Advices delivered.	Q1 Q1 Ongoing

			delivered.		
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Effective committee support in fulfilment of Council's statutory responsibilities under Parts 7, 8 & 9 of MPA 2007	Facilitate relevant Committees, and Working Groups through effective support and administration	Support meetings calendar in line with agreed process	All scheduled and unscheduled meetings of Committees are organised, held, minuted and actions arising for the Section are completed	Ongoing
SO 6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate	Enable effectiveness through appropriate and efficient internal systems and processes	Ensure a focus on excellence in people management and personal development for staff	Implement PMDS across Professional Standards Section	PMDS implemented	Q4
			Conduct monthly sectional meetings	Monthly sectional meetings held	
			Provide training as appropriate and necessary	Training conducted	
SO 6.7) Optimise the use of Medical Council resources	Responsibility for management of section related budget devolved to section	Systems and processes in place to manage track and report day to day expenditure against budget forecast.	Annual budget developed and monitored against quarterly expenditure forecast	Expenditure matches budget	Quarterly
SO 6.4 Ensure that organisational processes are effective and user friendly	Data collection processes in place	To access appropriate, relevant and timely data which will provide feedback on the effectiveness/success of operational activities and be supported by metrics to measure these activities	Development of a comprehensive list of data sets that are appropriate to the activities within the section and feed this data into the existing Management Team dashboard & Annual Reporting process	The data sets reflect and measure all relevant activities within the section	Quarterly

Directorate of Finance and Administration

Corporate Services and Human Resources

The main functions of the Corporate Services and Human Resources Section are: providing liaison and meeting support to Council, advising on and ensuring compliance with all legislative requirements across the organisation, managing the Reception function, co-ordinating and managing all aspects of publications, managing the freedom of information function in addition to corporate events for the Council.

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.

This section is led by the Head of Corporate Services & HR who is also Secretary to Council, supported by two Senior Executive Officers and 2.5 Clerical Officers.

Strategic Objective	Outcome	Action	Deliverables	KPI	Target Timescale
SO 5) Engage proactively with the public, the profession and other stakeholders	Publication of Annual Report 2011	Development and editing of Annual Report 2011 for publication.	Review the sectional objectives achieved against the BP 2011 and report appropriately in the Annual Report 2011 under each strategic objective as outlined in the Council's Statement of Strategy.	Completion and publication of Annual Report 2011 Submit to Department of Health Publication of Report	Q1 Q2
SO 5.3) Develop and implement a comprehensive strategy for engagement with other stakeholder groups	An agreed action plan for stakeholder engagement in 2012	Development of an Action Plan focusing on particular stakeholder groups based on the recommendations contained in the 2011 Stakeholder Engagement Report	Preparation of an Action Plan which will focus on engagements with key groups of stakeholders in 2012	Measure against 2012 metric	Q1 - action plan and metrics developed Q1-Q4 - delivery of stakeholder engagements

SO 6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate	Deliver improvements in internal communications (HR strand)	An improved and enhanced system of internal communication	Review of results and recommendations from both the Staff Satisfaction Survey (SSS) and Internal Communications Audit (ICA) to identify areas for action e.g. Implementation of revised and updated HR Policies & Procedures, Health & Safety reviews. Repeat Staff Satisfaction Survey to assess current staff satisfaction levels.	Results of repeat SSS reviewed against target metrics	Q2 - repeat SSS Q2-Q4 implementation of recommendations arising from review of SSS and ICA
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Up-to-date Corporate Governance Manual and Register of Legal Obligations	Corporate Governance Manual and Register of Legal Obligations is up-to-date and Medical Council is in compliance with legislation	Ongoing review and update of Corporate Governance Manual and Register of Legal Obligations to include the development of a policy on Information Governance.	Ensure appropriate corporate governance systems and structures are in place and are fully compliant	Q1-Q4
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Ensure compliance with Official Languages Act	The Medical Council is in compliance with the Official Languages Act	Ongoing review and implementation of legislation where appropriate	Ensure appropriate systems and policies are in place and that the MC is fully compliant	Q4
SO 6.3) Embed a 'service-user' focus within the functions and activities of the Medical Council	More effective operations within the Committee and Working Group structures	Have completed a review of the Committee/Working Group Terms of Reference (ToR) and processes	Conduct a review of all Committee and Working Groups processes to include their ToRs	ToRs are updated and recommendations relating to process improvements are implemented	Q3
SO 6.7) Optimise the use of Medical Council resources	Annual Business Plan 2013 approved	To develop a comprehensive BP 2013 which will be approved by Council	Coordination of the development of the Business Plan 2013 for approval by Council and implementation by the Executive.	Coordinate the development of a detailed annual business plan at organisational level and across all sections for approval by Council in Q4.	Q4

SO 6.4) Ensure that organisational processes are effective and user friendly	Oversee the effective management of all FOI requests	All FOI requests are responded to within timeframes allowed by the legislation	To ensure effective management of all FOI requests by adhering to the internal procedures and legislative requirements.	Management of FOI requests within legislative timeframes, providing appropriate statistics to reflect compliance.	Q1-Q4
SO 6.4) Ensure that organisational processes are effective and user friendly	SEOs are enabled to manage more effectively and to provide appropriate cross-sectional support to the organisation.	The SEO Group are supported to manage effectively within their own areas and they also provide cross-sectional support where required	Quarterly SEO Group meetings are conducted efficiently and effectively	A minimum of 4 SEO Group meetings are held in 2012 and operating effectively.	Quarterly
SO 6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate	Roll out PMDS and information sessions for all staff on revised HR policies and procedures.	PMDS is rolled out and information sessions for all staff are conducted.	Full training and support provided to Management and SEOs prior to roll out. Information sessions provided to all staff in advance of PMDS commencement.	PMDS is rolled out and commenced.	Q1
SO 6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate	Roll out of HR policies and procedures to all staff and information sessions provided.	HR policies and procedures to all staff and information sessions provided.	HR policies and procedures are fully established and information sessions delivered to all staff members.	HR policies and procedures are in place.	Q1
SO 6.2) Develop and implement an equality and diversity policy relating to all internal and external processes and engagements	Development of equality and diversity policy for Council and staff.	Policy on Equality & Diversity forms part of the Council's suite of policies.	A Medical Council policy on Equality and Diversity is developed and implemented.	An Equality and Diversity policy is developed for Council and staff.	Q4

SO 6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate	Training/ Induction Programme for new Council members in 2013	A comprehensive Training/Induction Programme is developed for new Council in 2013	Development of Training/Induction Programme for new Council members in 2013	Training requirements for new Council identified and plan in development.	Q4
SO 5) Develop a comprehensive strategy for engagement with the public, medical profession + stakeholders	Event management - away day, End of term dinner, Council and Cross-sectional events i.e. Conference, workshops/ launches/ official signings.	Management of Council events to ensure efficiency and delivery of desired outcomes.	Manage Council events where requirement is identified and liaise with relevant section where appropriate.	Council events are managed efficiently, with desired outcomes and target engagement achieved.	Q1-Q4
SO 6.4) Ensure that organisational processes are effective and user friendly	Regular meetings within all Sections to ensure timely information flow and efficient management of the Sections business planning	Each Section to establish a calendar of Sectional/ Cross-Sectional meetings to ensure efficient management of business plan and timely flow of information	Quarterly All-Staff meetings to be held Monthly Management Team meetings Agree with each Head of Section frequency of Sectional meetings Head / SEO weekly meetings Regular 1:1 meetings between SEO + Sectional staff	Meetings are held and staff are up-to-date on the both Sectional and Organisational work plans	Ongoing
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Commence planning for Council elections for new Council term 2013-2017	Plan effectively for elections for Council membership in accordance with legislation	Confirm election process and commence planning	Plan for election process is in place	Q4
SO 6.6) Ensure ongoing financial security of the Medical Council	Responsibility for devolved budgets	Effective management of developed budget	Plan for budget developed and monitor expenditure of Section against it	Expenditure matches budget	Regular reviews to assess delivery of operational plans against budgetary plans

SO 6.4) Ensure that organisational processes are effective and user friendly	Data collection processes in place	To access appropriate, relevant and timely data which will provide feedback on the effectiveness/success of operational activities and be supported by metrics to measure these activities	Development of a comprehensive list of data sets that are appropriate to the activities within Corporate Services and feed this data into the existing Management Team dashboard & Annual Reporting process	The data sets reflect and measure all relevant activities within the section	Quarterly
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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).

This Section is led by the Head of Finance, supported by two Senior Executive Officers and two Executive Officers.

Strategic Objective	Outcome	Action	Deliverables	KPI	Target Timescale
SO 6.6) Ensure ongoing financial security of the Medical Council	Cost savings and efficiencies achieved on non fixed operational overheads	Review of all cost items to identify areas to achieve savings and efficiency. Implement robust budget process and monitor sectional costs against budgets.	<p>Identify Cost category to achieve savings.</p> <p>Identify means to achieve cost savings by:</p> <ul style="list-style-type: none"> - working with the Head of Sections to review plan spending - agree efficiencies that can be achieved - seek cheaper alternatives through the tendering processes <p>Assess level of savings and timeframe for implementing savings.</p> <p>Implement savings actions and monitor throughout year.</p>	Achieve 1.5% saving on non-fixed overhead expenditure compared with 2010 actual equivalent.	Q1-Q4

SO 6.6) Ensure ongoing financial security of the Medical Council	Decision to purchase or continue to rent Kingram House concluded	Undertake negotiations and legal activities to achieve a significant reduction in annual rent and link to market value of property	Implement agreed strategy with MC legal advisor and property negotiator	Final decision on Kingram House concluded	Q1-Q4
SO 6.6) Ensure ongoing financial security of the Medical Council	Conduct review of Medical Council's fee structure	Commission review of MC fees and their appropriateness for the work involved and the MC Responsibilities under the MPA 2007	Scope request for tender for consultancy required. Tender for services to carry out the review Report presented to Audit Committee	Report presented to Audit Committee and Council by March 2012	Q1 Q1
SO 6.4) Ensure that organisational processes are effective and user friendly	Automate ARF Processes	Implement direct update of Integra/NICS with payments received online from registrants.	Investigate software possibilities. Prepare cost benefit analysis. Implement software to run ARF receipts	ARF receipts processed automatically to registrants accounts	Q1
SO 6.4) Ensure that organisational processes are effective and user friendly	Implement system of sectional budgeting	Set sectional budgets giving responsibility to each head of section to manage their individual sectional budgets Implement system to monitor actual performance against budget	Agree budgets with each head of section Implement quarterly review of performance with each Head of Section. Agree corrective action where necessary.	Reports on performance against budgets Specific corrective actions taken	Q1-Q4
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Effective committee support in fulfilment of Council's statutory responsibilities MPA 2007	Facilitate Committees, and Working Groups through effective support and administration	Support meetings calendar in line with agreed process	All scheduled and unscheduled meetings of committee and sub-committees are organised, held, minuted and actions arising for the Section are completed	Q1-Q4

SO 6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate	Enable effectiveness through appropriate and efficient internal systems and processes	Ensure a focus on excellence in people management and personal development for Council members and staff	Implement PMDS across Professional Standards Section	PMDS implemented	Q4
			Conduct monthly sectional meetings	Monthly sectional meetings held	
			Provide training as appropriate and necessary	Training conducted	
SO 6.4) Ensure that organisational processes are effective and user friendly	Data collection processes in place	To access appropriate, relevant and timely data which will provide feedback on the effectiveness/success of operational activities and be supported by metrics to measure these activities	Development of a comprehensive list of data sets that are appropriate to the activities within Finance Section and feed this data into the existing Management Team dashboard & Annual Reporting process	The data sets reflect and measure all relevant activities within the section	Quarterly
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Effective Financial Management Systems and strong internal financial controls	To carry out a comprehensive review of the financial management systems and the internal financial controls	Following the review a report will be presented to the Audit Committee and any remedial action required will be taken.	Report of Financial Management Systems Review to be presented to the March Audit Committee meeting.	Q1
				Quarterly internal audits to take place.	Quarterly
				Annual C&AG audit	Q1

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. ICT specific responsibilities include system conversion, infrastructure upgrades, project management and system maintenance whilst operationally some areas the section is responsible for include, procurement procedures, document management, Health & Safety and preventative maintenance

This section is led by the Head of Operations & ICT, supported by two Executive Officers and one Services Officer.

Strategic Objective	Outcome	Action	Deliverables	KPI	Target Timescale
SO 6.4) Ensure that organisational processes are effective and user friendly	Implement new NICS website module (MyDoc)	Completion of development, UAT testing and rollout of MyDoc online registration system.	Continuation of testing environment. Allocation of resources to project manage testing from ICT and to carry out testing from Registration. Following all rounds of testing, sign off and a "silent" go live.	Project management of UAT testing and initial rollout of MyDoc as per specification	Q1
SO 6.4) Ensure that organisational processes are effective and user friendly	Upgrade of operating systems on core servers to continue to meet business requirements.	Current server and some operating systems are approaching end of life and a phased upgrade will be conducted to meet business requirements.	Purchase of server with sufficient capacity to virtualise our three primary servers. Upgrade of fileserver OS to Windows 2008 and virtualise. Creation of new virtualised domain and migration from Small Business Server including upgrade of Email system to one with a higher capacity. PC Services moved to Virtualised environment	All Operating systems and servers that require it, are upgraded and working in a Virtualised environment with greater email capacity. Seamless failover for Servers and PC.	Q3
SO 6.4) Ensure that organisational processes are effective and user friendly	Redundancy provision and disaster recovery plan. (The proceeding items will have to be implemented before DR can go ahead.)	Business continuance in the event of a catastrophic failure of systems or site inaccessibility in Kingram House provided for in Disaster Recovery Plan	New project plan developed. Redeployment of redundant servers from Kingram House to DR site as VM hosts to host secondary core systems at offsite location to provide failover in the event of disruption to services at KH.	Building of DR infrastructure off site in conjunction with suppliers and utilising hardware retired as part of virtualisation project.	Q4

SO 5.3) Develop and implement a comprehensive strategy for engagement with stakeholder groups	Develop a comprehensive intranet for roll out to all staff.	Creation of a Medical Council intranet as a central access point for staff to view relevant data including phone lists, HR information, facilities documents, announcements etc	HR/ICT to determine what information will be hosted. Correlation of information, design of interface, branding of intranet, testing and launch.	Centrally managed, current one-stop location for staff.	Q2
SO 6.4) Ensure that organisational processes are effective and user friendly	Supervised Division Phase II	Delivery of module that will reflect the full functionality of all other sections of the Register	Signoff specification, development phase, UAT and Go live	Functioning module to handle the Supervised Division	Q2
SO 6.4) Ensure that organisational processes are effective and user friendly	Professional Competence Module of NICS	Delivery of module that will meet ICT requirements of Professional Competence.	Signoff specification, development phase, UAT and Go live	Professional Competence Module implemented and functional.	Q3
SO 6.4) Ensure that organisational processes are effective and user friendly	Implementation of Documatics Legal Evolve Case Management software, including electronic brief creation functionality, for Professional Standards	Delivery of Documatics Legal Evolve Case Management software including electronic brief creation functionality to meet the requirements of Professional Standards.	Setup of test install, signoff on specification, implementation as standalone system.	Legal Evolve software implemented and functional.	Q1
SO 6.4) Ensure that organisational processes are effective and user friendly	Integration of Legal Evolve software with NICS.	Creation of integration points between Legal Evolve and NICS to enable automated sharing of information.	Signoff on specification of implementation points, UAT and go-live.	Level Evolve software integrated with NICS.	Q1
SO 6.4) Ensure that organisational processes are effective and user friendly	Deployment of integrated facilities management suite.	Evaluation and selection of a suitable facilities management suite to centrally manage facilities requests and issues in the organisation.	Sign off on specification, implementation, integration with existing systems and staff training.	Fully functional FM system in place and managing the infrastructure.	Q3

SO 6.4) Ensure that organisational processes are effective and user friendly	Consultation of the development of System Development Lifecycle Process	Explore if there is a requirement for the Development of a System Development Lifecycle Process to ensure functionality of internal systems.	Setup Cross Functional group to consult and report its findings	Production of a recommendation Report	Q4
SO 6.3) Embed a 'service user' focus within the functions and activities of the Medical Council.	Continually engage with service users to inform ICT projects & developments	Interact with internal & external customers to identify where ICT infrastructure can better support business needs. Integrate ICT and Operations in business planning process for all sections via Online Services Group	Continue engagement with Online Services Group to identify opportunities to optimise MC systems & infrastructure. Establish focus group panels to test system navigation and inform new developments	Online services group meetings are held on bi-monthly basis and external testing panel in place.	Q1-Q4
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Ongoing Testing of ICT Policies for Compliance	In place to ensure that all policies are up to date and tested regularly and testing documented	Conduct two ICT Audits with external Auditors. Conduct and document testing of policies on a monthly basis.	Realistic functioning ICT policies in place and operational	Q1-Q4
SO 6.6) Ensure financial security of the Medical Council	Procurement - Development of Strategic Sourcing Process	Develop and implement Strategic Sourcing Process to ensure best value for money in the acquisition of goods or services is achieved.	Profile spend categories Analyse supply market Select Sourcing strategy Conduct tendering processes as and when need arise Manage contracts and report on contract KPI's	Achieve cost savings, actual Vs estimated Improve spend through framework implementation Contract compliance Strategic sourcing applied as % of all projects	Q1-Q4

SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Compliance with and promotion of Health and Safety legislation	Comply with Health and Safety legislation to provide a safe, secure and healthy workplace for all staff, visitors and contractors.	<p>Conduct formal monthly workplace assessments and report on results</p> <p>Conduct risk assessments on a monthly basis</p> <p>Communicate appropriate Health and Safety information to staff</p> <p>Investigate all H&S related incidents</p> <p>Provide health and safety inductions for all new employees</p> <p>Maintain in-house training records</p>	<p>Increase in staff awareness of Health and Safety related issues</p> <p>Safe and healthy environment for all staff and visitors</p>	Q1-Q4
SO 6.7) Optimise the use of Medical Council resources	Scanning of all registration related correspondence	All registration related post that arrives each day will be scanned and accessible in NICS	<p>Analyse resourcing requirements for scanning system to be rolled out.</p> <p>Design and implement workflow system</p> <p>Review systems to identify any equipment requirements</p> <p>Roll out in-house scanning function to realise cost savings</p>	All registration related documents are viewable electronically and business processes are expedited by reducing turnaround times	Q1
SO 6.7) Optimise the use of Medical Council resources	Electronic Capture of Annual Declarations	Capture the Annual Declaration electronically and deliver results into NICS	Design web form to allow doctors enter their Annual Declaration	Annual Declaration form is available on-line in an accessible format.	Q2

SO 6.6) Ensure ongoing financial security of the Medical Council	Reduction in quantity of files held in offsite storage	Reduce offsite storage fees by reducing the quantity of files held in off-site storage	<p>Conduct audit of off-site storage unit.</p> <p>Identify post retention schedule documentation</p> <p>Destroy non-records and lapsed retention schedule records (i.e. Docs that are past retention schedule)</p>	A reduction in quantity of offsite storage and in file retrieval & storage costs. Compliance with Records Retention Schedule, Data Protection and FOI legislation.	Q3
SO 6.4) Ensure that organisational processes are effective and user friendly	Preventative maintenance contract – Kingram & Lynn House	On-going testing of all infrastructure to ensure they perform to the optimum and comply with Health and Safety.	Agree annual programme of preventative maintenance with chosen supplier. Ensure this is followed and monitored on a monthly basis	Infrastructure running efficiently and in compliance with Health and Safety legislation	Q1-Q4
SO 6.6) Ensure ongoing financial security of the Medical Council	Electronic Contracts Management System	Proactively manage Medical Council contracts via the Contract Management System	<p>Continue to monitor the performance of suppliers</p> <p>Communicate effectively with suppliers providing feedback where appropriate</p> <p>Ensure contract delivers on agreed required outcomes</p> <p>Manage risks associated with contracts.</p>	Timely delivery of goods and services, cost reductions and improved supplier performance achieved	Q1-Q4 (As procurements arise)
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Effective Committee support in fulfilment of Council's statutory responsibilities under MPA 2007	Facilitate Working Groups through effective support and administration	Support meetings calendar in line with agreed process	All scheduled and unscheduled meetings of Committee and Sub-Committees are organised, held, minuted and actions arising for the Section are completed	Q1-Q4

SO 6.4) Ensure that organisational processes are effective and user friendly	Data collection processes in place	Achieve measurement of functions within professional	Development of a comprehensive list of data sets that are appropriate and feed this data into the existing Management Team dashboard & Annual Reporting process	Summary data available for Annual report 2012	Quarterly
SO 6.3) Embed a 'service user' focus within the functions and activities of the Medical Council	Evaluate performance against Customer Service standards in the Customer Service Action Plan & associated charter 2012-2014 and produce report of same.	Provide clear information on the service standards/performance indicators, how performance has been measured and whether standards have been achieved.	Conduct Phone system review Conduct annual customer surveys Establish customer focus group panels Introduce comment card/suggestion schemes	Customer Service evaluation report complete	Q1-Q4
SO 6.3) Embed a 'service user' focus within the functions and activities of the Medical Council	Conduct Secret Shopper Analysis	Conduct an Analysis of the Customer Experience, compare with last year's report	Conduct analysis and compare with 2011 results. Produce report to Management and Staff	5% increase on 2011 baseline metrics.	Q1
SO 6.7) Optimise the use of Medical Council resources	Responsibility for devolved budgets	Ensure effective management of the Operations & ICT budget.	Budget to be agreed with Finance. Purchase Orders to be raised for all expenditure items. Cost efficiencies to be identified through close collaboration with Operations	Ensuring effective budget management through quarterly expenditure reviews	Quarterly

Office of the CEO Communications

The Communications function coordinates and manages all aspects of Medical Council communications.

The main functions of Communications are: overseeing communications with the public, profession and other stakeholders, including the development of messaging for use in media relations work, the Medical Council website and various publications; managing media relations and public affairs on behalf of the Council, advising on and developing materials for internal communications.

This function is led by the Communications Manager supported by one Executive Officer and one Clerical Officer.

Strategic Objective	Outcome	Action	Deliverables	KPI	Target Timescale
SO 5) Engage proactively with the public, the profession and other stakeholders	Communications Strategy to improve knowledge of the role and functions of the Medical Council implemented in 2012	Effective media management and implementation of a comprehensive Communications Strategy for the Medical Council for 2012 to support key objectives for external communication.	Detailed Communications plan to be implemented in collaboration with Heads of Section. Detailed activities are outlined in the 2012 Communications Plan, and include, implementation of crisis communications strategy, research into public awareness and attitudes, statistical research, media relations, online content development.	Communications Plan actions completed	Q4
SO 5) Engage proactively with the public, the profession and other stakeholders	Communications Strategy for 2013 Developed	Development of comprehensive Communications Strategy 2013 to support key objectives for external communication.	Detailed Communications Plan to be developed in collaboration with Heads of Section.	Communications Plan developed for implementation in 2013	Q4

<p>SO 5.1) Develop and implement a comprehensive strategy for public engagement.</p>	<p>Communications activities to strengthen public engagement implemented</p>	<p>Improve public awareness of and confidence in the Medical Council via greater awareness of the Council's purpose, role and functions</p>	<p>Detailed Communications Plan for 2012 to be implemented, including:</p> <p>Online: updates to web site, including development of interactive content, focus on improving usability for users with all levels of literacy</p> <p>Research: repeat of public awareness & confidence survey; Public Relations - and</p> <p>Media: Focus on raising awareness of broad spectrum of Council activities</p>	<p>Specific Communications Plan for the general public completed. Public awareness survey to generate awareness levels of above 70% among general population</p>	<p>Q4</p>
<p>SO 5.2) Develop and implement a comprehensive strategy for engagement with the medical profession.</p>	<p>Communications activities to strengthen engagement with the medical profession implemented</p>	<p>Increased engagement with medical profession through the website, new online portal and medical media to improve engagement with the Council on relevant issues.</p>	<p>Detailed communications plan for 2012 to be implemented including Launch of Online portal for doctors (MyDoc).</p> <p>Detailed communications plan surrounding registration fee increases/ annual declarations to be created and implemented.</p> <p>Detailed communications plan for professional competence to be implemented, including a repeat of the knowledge, attitudes and behaviour survey</p> <p>Medical Council conference to be held - theme to be developed relating to ethical guide</p> <p>Improvements to be delivered to website content aimed at the profession.</p> <p>E-newsletter and special topic e-circulars</p>	<p>Increase in website visits and results measured against 2011 metrics. Target of 500k website visits set.</p> <p>Increase in awareness levels of professional competence requirements - Target of 90% awareness set. (10% increase on 2011 survey).</p>	<p>Q4</p>

			Focus on promoting the ethical guide through online and offline activities.		
			Press opportunities to be sought in addition to developing relevant resources for the profession to encourage engagement.		
SO 5.2) Develop and implement a comprehensive strategy for engagement with the medical profession.	Communications activities to strengthen engagement with medical school students in place	Increased engagement with medical students through the website and development of ethical award	Primary activities to include the development of bespoke content for students on the Medical Council website and the launch of a Medical Council ethical award in collaboration with medical schools	Metrics for website visits to be tracked and monitored.	Q4
SO 5.3) Develop and implement a comprehensive strategy for engagement with other stakeholder groups	Parliamentary Affairs activities scheduled	Engagements with relevant TDs/ Senators to ensure all health spokespeople are aware of the role of the Medical Council and its strategic objectives	Presentations to be sought with internal party health committees. Presentation to be sought before Oireachtas Health Committee. All press releases, publications to be submitted to TDs and Senators Stakeholder engagement plan to be developed and actioned in response to proposals to amend the EU Directive.	Six meetings with key personnel throughout 2012	Q4
SO 6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate	Internal communications strategy in operation	Implement recommendations of the Internal Communications Group with regards to internal communications infrastructure	Provide support to the Internal Communications Group in overseeing report recommendations. Specifically oversee the issuing of a monthly staff newsletter and the development of staff intranet	Monthly staff newsletters to be issued. Intranet/ online staff notice board to be developed by end of Q3.	Q4

SO 6.4) Ensure that organisational processes are effective and user friendly	Monitoring media and providing media + journalists with accurate and timely responses to queries	Monitor the media and provide accurate responses to requests from media and journalists	Daily monitoring of press and online on all issues relating to the work of the Medical Council. Responses issued to media queries in line with journalist's deadlines Proactive engagement with members of the media on relevant issues.	Accurate information is provided within journalist's deadlines.	Q4
SO 6.7) Optimise the use of Medical Council resources	Responsibility for devolved budgets	Ensure effective management of the Communications budget.	Budget to be agreed with Finance. Purchase Orders to be raised for all expenditure items. Cost efficiencies to be identified through close collaboration with Operations	Ensuring effective budget management through quarterly expenditure reviews	Quarterly
SO 6.4 Ensure that organisational processes are effective and user friendly	Data collection processes in place	To access appropriate, relevant and timely data which will provide feedback on the effectiveness/success of operational activities and be supported by metrics to measure these activities	Development of a comprehensive list of data sets that are appropriate to the activities within the section and feed this data into the existing Management Team dashboard & Annual Reporting process	The data sets reflect and measure all relevant activities within the section	Quarterly
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Effective Committee support in fulfilment of Council's statutory responsibilities	Facilitate Communications and Research Group through effective support and administration	Support meetings calendar in line with agreed process	All scheduled and unscheduled meetings are organised, held and actions arising are completed	Q4

Cross-organisational

A number of Actions will be undertaken in 2012 that will involve cross organisational input to support their achievement. Lead responsibility for projects has been assigned to individual sections.

Strategic Objective	Actions	Target Timescale	KPI/Deliverables
SO 1 - 6)	<p>Undertake actions and activities to support amendments being made to the MPA 2007.</p> <p>Project plan for engagement with DOH and associated timelines to be developed.</p> <p>Quarterly reported against implementation of project plan to Council.</p> <p>Lead responsibility: Professional Standards</p>	Q1	<p>Project Plan Q1</p> <p>Progress report to Council by end Q2,Q3,Q4</p>
SO 2) Support doctors in attaining and maintaining their registration	<p>Develop and implement a project plan to ensure all doctors are fully compliant with the Annual Declaration process</p> <p>Lead Responsibility: Registration</p>	Q2	Project plan in place to ensure full compliance with the Annual Declaration Process
SO 6.4) Ensure that organisational processes are effective and user friendly.	<p>Enhanced communications through the development of a new communications structure which has responsibility for a number of cross sectional initiatives e.g. online communications group, internal communications group, staff newsletter, staff satisfaction surveys etc.</p> <p>Lead Responsibility: Communications</p>	Q1-Q4	Reports on communications initiatives to be presented the Communications & Research group on an ongoing basis
SO 6.6) Ensure ongoing financial security of the Medical Council	<p>Robust Risk Management processes in place</p> <p>Lead Responsibility: Finance</p>	Q1-Q4	<p>Quarterly report to Audit Committee.</p> <p>Bi-annual report to Council.</p> <p>Report to Management Team in advance of reporting to Audit and Council</p>
SO 5) Engage proactively with the public, the profession and other stakeholders.	<p>Develop Memoranda of Understanding with key health sector institutions to better support the sharing of information and resources in the interests of patient safety and public protection.</p> <p>Lead Responsibility: CEO</p>	Q2	Two Memoranda of Understanding established

Appendix 1

Review of the implementation of the 2011 Business Plan Highlights and Key Activities

The main areas of activity during 2011 have been aligned to their relevant Strategic Objectives as outlined in the Medical Council's Statement of Strategy 2010-2013.

Strategic Objective 1: Set and monitor standards for medical education, training, conduct and ethics

Undergraduate training

In undergraduate medical education, a comprehensive accreditation and monitoring programme was completed. Inspections were undertaken of all six medical schools (UCC, UCD, NUIG, TCD, RCSI and UL). The nine programmes of basic medical education (five direct-entry and four graduate-entry) were all evaluated. As consumers of undergraduate medical education, students are an important constituency, and interaction with students forms a key part of every medical school visit.

Intern training

There were many positive developments throughout 2011 in relation to intern training in Ireland. These included the revision of the ['Guidelines on Medical Education and Training for Interns'](#), the approval of the six Intern Training Networks, the approval of the National Intern Training Programme and the inspection of all 38 clinical sites in the State where interns receive training. The inspection and subsequent approval of training sites was of particular importance as it was a key element in the process whereby Council accepted responsibility for issuing Certificates of Experience to interns who successfully completed their internship.

Postgraduate training

On 18th January 2011, Council agreed the process by which Postgraduate Training Bodies and Programmes of Specialist Training would be accredited. By close of 2011, four of the thirteen currently-recognised Training Bodies had commenced the accreditation process with a further five Training Bodies scheduled to engage in the process in 2012. The remaining four Bodies will be accredited in 2013.

Recognition of specialties

2011 also saw significant developments in the recognition of new medical specialties. With the recognition criteria and process already approved in 2010, a preliminary review was completed in respect of applications from six aspirant specialties following which, Council made a decision that two applications should proceed to a full review. This second stage review is ongoing and is set to conclude in early 2012.

Professionalism

Additional guidance on professionalism has been provided in the Council's ["Guidelines for Medical Schools on Ethical Standards and Behaviour appropriate for Medical Students"](#), providing advice on issues including competence, confidentiality, personal and professional interactions, dress, and health. Medical schools' promotion to students of these guidelines formed part of the accreditation process.

Inspector of Anatomy

The Council's Inspector of Anatomy, Professor Ceri Davies, was appointed in 2011 and his responsibilities on behalf of Council for the inspection of anatomy regulations and facilities at medical schools commenced, the first time that Council has had this obligation. The Inspector's findings will inform Council's future activities in this area.

Pre-Registration Examination System

The Medical Council requires all doctors to meet defined practice standards. Doctors who have qualified outside of the EU/ EEA must pass or be exempt from the Council's Pre-Registration Examination System (PRES) if they wish to be registered but do not satisfy the criteria for other registration pathways. This examination is set at the level of medical school exit/ intern year entry and includes a computer-delivered multiple choice questionnaire examination and a clinical examination using real clinical scenarios. PRES Level 2 examinations are held by the testing company on behalf of Council and 2011 saw 145 candidates sitting the PRES Level 2 in various test centres. Three PRES Level 3 examinations were hosted by the Medical Schools on behalf of Council with a total of 142 candidates sitting this examination in 2011.

Examination for Supervised Division

A new examination of clinical skills, the Examination for the Supervised Division Level 2, was developed and introduced in July 2011. This was open to non-EU doctors who had obtained a post in Ireland in General Internal Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, Psychiatry, Emergency Medicine, or Anaesthesia. The Examination tested their competence in clinical judgement, communications, and data interpretation in their particular speciality. 14 Level 2 Examinations for the Supervised Division were held, in August and November/ December 2011, with successful candidates subsequently registered in the Supervised Division. The long-standing Pre-Registration Examination System continued to regulate non-EU doctors' entry to the General Division.

Committee Structure

The Sub-Committee structure underlying the Professional Development Committee was revised in 2011. A Setting Standards Sub-Committee and a Monitoring Standards Sub-Committee will advise PDC on these major issues, across the spectrum of undergraduate, intern, and specialist medical education and training. The Intern Training Sub-Committee continued to focus on that transitional year. The Pre-Registration Sub-Committee and the Examination for the Supervised Division Working Group were active during the year but will be subsumed into an Examinations Sub-Committee to consolidate Council's examination responsibilities in 2012.

Strategic Objective 2: Support doctors in attaining and maintaining their registration

Assessment of applications

The Registration Working Group continued to consider non-standard applications for registration across all divisions of the Register. The volume of applications for registration to the Specialist Division created a significant workload, requiring the input of the Postgraduate Training Bodies who provide assessments on applications to the Working Group. Work continues to be undertaken by the Executive in revising the manner in which Postgraduate Training Bodies provide their assessments to the Working Group and on updating the procedures supporting requests for reviews of decisions made on applications for registration.

The Adjudication Group made recommendations on the equivalence of internships from third countries for doctors seeking registration to the General Division with an exemption from the PRES. Internships from Australia, New Zealand, and Pakistan where the internship was completed after 1 January 2009 were accepted as meeting Council's standards.

Publish and implement new Registration Rules

[Revised rules for Registration](#) were published in June 2011. Rules for the establishment of the [Supervised Division](#) were published in July 2011.

Criteria for Specialist Registration

Following a decision of Council in October 2010 a review of Postgraduate Training Body processes regarding the assessment of applications to the Specialist Division was undertaken in 2011 with a view to standardising the criteria for assessment of these applications, thereby ensuring their compliance with EU/ EEA legislation (EU Directive 2005/36/EC) and the MPA 2007. This project will continue in 2012.

Code of Conduct

The findings from the Code of Conduct project will be largely incorporated into the above review and is focused on the non-standards applications for entry to the Register by non automatic applications under EU/ EEA law.

Engagement with Stakeholder Groups

The Executive attended a number of meetings with various national and EU Union fora relating to the EU Commission's proposed revision of EU Directive 2005/36/EC. Arising from this, the Medical Council submitted a formal response to the Commission's Green Paper and also endorsed the network of medical competent authorities' joint response.

Ongoing engagements with the HSE, Postgraduate Training Bodies and Medical Manpower Managers in relation to all relevant matters concerning registration, in particular to the Supervised Division, took place throughout 2011.

The Register

The Council makes twice-daily updates from its Register to the website and as such, this is the most current version of the Register available. If a member of the public wishes to obtain a copy of the Register, it can also be produced and provided to them in PDF format, on request. The Register is published in a format which complies with the Medical Practitioners Act 2007 and its section 11 Rules [Specifying Particulars to be Contained in the Register](#).

Committee structure and remit

The Standards in Practice Committee (SIPC) considered and approved recommendations on behalf of Council or made recommendations to Council on issues of importance, including the Ethics Working Group "Report of Research into Doctors' Interactions with Pharmaceutical and Medical Device Companies in Cork, Ireland".

Strategic Objective 3: Set and monitor standards for maintenance of professional competence

Publication of Rules for Maintenance of Professional Competence

In January, the Medical Council made and published new [rules for the maintenance of professional competence](#). This followed a period of extensive consultation in 2010. The rules defined the

standards for doctors to follow so as to satisfy the Medical Council that knowledge and skill is being kept up-to-date. For most doctors, this involves pursuit of a scheme operated by a recognised body to support their maintenance of professional competence. The rules also set out standards for bodies seeking recognition by the Medical Council for the purpose of making an arrangement with it to operate a professional competence scheme.

Recognition of Bodies and making of arrangements to operate professional competence schemes

In March 2011, the Medical Council announced details of the 13 Postgraduate Training Bodies which were recognised to operate professional competence schemes for doctors. The rules, published in January, included the framework of standards against which the Bodies were recognised. [Arrangements](#) made with each Body setting out roles and responsibilities for operating the schemes and arrangements for monitoring performance have been published on the Medical Council website. Recognition and making of arrangements marked a significant development in continuum of medical education and training in Ireland and the role of Postgraduate Training Bodies which was marked by the Medical Council with a [recognition ceremony](#) held at Kingram House.

Engagement with stakeholders and Communications to support establishment of professional competence schemes

The new duty for doctors to maintain professional competence came fully into effect in May 2011. The Medical Council now oversees doctors to ensure that knowledge and skills is being kept up to date. This new duty and new aspect to the relationship with the Medical Council throughout their professional lives is a major step change in doctors continuing practise. To ensure that the reason for these changes and the implications for doctors were fully understood, the Medical Council engaged in a vigorous communication campaign in 2011, highlights of which included: widespread coverage of the issue of professional competence in the medical media, with over 60 articles in the medical press in addition to mention of the issue in national publications; a Medical Council conference, [‘Maintaining Competence, Maintaining Trust’](#), attracting 450 attendees and 200 more delegates who viewed online; regular updates to the Professional Competence section of the Medical Council website to keep doctors informed of developments as well as provision of hard copy guidelines to each doctor; and frequent communication with stakeholders to keep them informed and engaged with the issue of professional competence. A series of cross sectional surveys tracked doctors’ knowledge of professional competence during the year and demonstrated a positive impact from the communications.

Design and development of performance procedures

While much of Q1 and Q2 2011 were focused on new arrangements to support maintenance of professional competence, commencement of Part 11 of the Medical Practitioners Act also provided the Medical Council with new powers to respond to concerns about doctors’ performance through assessment and ensuring action to support good professional practice. The Medical Council worked with the UK’s National Clinical Assessment Service (NCAS) to learn from its extensive experience as a leading edge organisation in assessing doctors whose performance is a cause of concern. Its experience, and the methods and tools used by NCAS were adapted by the Medical Council to design and develop new performance procedures relevant to its own regulatory context and to the practice of medicine in Ireland.

Selection and training of new assessors for performance procedures

Central to these new procedures is a workplace-based assessment of a doctor’s performance in practice which is conducted by specially selected and trained assessors. In Q2 and Q3 2011, the Medical Council carefully selected a trained medical and non-medical assessors which were

subsequently appointed to an Assessor Subcommittee to be available to undertake performance assessment as part of the new procedures.

Making further rules to establish new performance procedures

With the new procedures designed and developed, and trained assessors in place, in Q4 2011 the Medical Council consulted on and subsequently made [further rules for the maintenance of professional competence](#). These further rules define the categories of doctor to whom the procedures apply as well as the procedures and activities which follow. With these rules in place, the Medical Council's new performance procedures became operational in December 2011.

Strategic Objective 4: Take appropriate action to protect the public where standards are not met by individual practitioners

Management of Preliminary Proceedings Committee functions

Complaints against registered doctors continued to be investigated in an efficient and transparent by the Preliminary Proceedings Committee (PPC) with management of approximately 32 new complaints per month in 2011 compared to 30 complaints in the previous year. A total of 380 new complaints were received in 2011, representing a 5% increase from 2010. The PPC made decisions on relation to 366 complaints and referred 38 complaints to the Fitness to Practise Committee (FTPC) for inquiry.

PPC processes and procedures were continually reviewed and following an Opinion of Senior Counsel, recommendations for revisions commenced.

A panel of mediators to support PPC processes was established in 2011 and [guidelines](#) were published. Three investigators, to assist the PPC, were appointed under section 58 of the MPA 2007 by Council.

Fitness to Practise Inquiries

The inquiry caseload continued to be managed by the FTPC which, during the course of 2011 heard 37 inquiries over 71 days and held ten separate Call-over meetings to hear preliminary issues arising in respect of the inquiries.

Following conclusion of these inquiries the Medical Council made decisions to cancel the registration of eight registered doctors and impose conditions on six. Fifteen doctors were sanctioned in relation to their professional practise or poor professional performance and Advised, Admonished or Censured by Council.

Ethical Guide

The Ethics Working Group conducted a review of relationships between practising doctors and industry and will make recommendations to Council in 2012.

A joint project with the Pharmaceutical Society of Ireland commenced in 2011 to develop guidance for doctors and pharmacists on prescribing and dispensing.

Monitoring Group

The Monitoring Group continued to monitor doctors with conditions attached to their registration and to facilitate compliance with these conditions. As at January 2011 twenty three doctors were taking part in monitoring processes and by year end, nineteen were actively involved with the Monitoring Group.

Legal Advice to Council and Other Sections

The Professional Standards Section continued to provide legal advice to Council and the organisation on all matters relating to the Council's statutory functions, obligations and duties and on powers under the 2007 Act.

Health Sub-Committee

The Health Sub-Committee continued to provide advice to Council on matters relating to doctors with relevant medical disabilities. The underlying principle behind the establishment of this Sub-Committee is to support doctors in the maintenance of their registration during illness and recovery, where there is no patient risk that could be subject of a complaint.

The Health Sub-Committee continued to offer its support and advice to doctors who were referred by Council, who provided undertakings to the FTPC (section 67), were referred by third parties or who self referred in 2011.

Strategic Objective 5: Engage proactively with the public, the profession and other stakeholders

Communications Strategy 2011

The Communications Strategy for 2011 encompassing proactive engagement with the public, profession and other stakeholders was developed and implemented with strategic direction provided by the Communications and Research Group.

Online

The Medical Council website, www.medicalcouncil.ie is the primary communications resource for the public, profession and stakeholders. There were approximately 450,000 visits to the website in 2011 which was continuously updated in line with the information needs of various audiences. The website contains information on the Council's work at strategic level, including business plans and summary minutes of Council meetings, in addition to information on the Council's operational level activities. Information on registration requirements was the most popular site content in 2011. Continued monitoring of website visits was conducted to assess areas where website content could be updated and improved.

To engage with the medical profession on the introduction of new statutory professional competence requirements, the Medical Council website was updated on a regular basis with written and interactive content to improve doctors' awareness levels of their new legal duties. A Medical Council conference on the subject of professional competence was held in the Croke Park conference centre and streamed live on the Medical Council website. In addition to 450 delegates attending the event, a further approximately 200 delegates watched the event online. Information, video casts and excerpts from this conference are available on the Medical Council [website](http://www.medicalcouncil.ie).

The Medical Council issued four E-newsletters in 2011 covering a range of different themes relevant to the profession including the revised Registration and Professional Competence Rules, the NCHD doctor registration process and details of schemes to maintain professional competence. Our E-newsletters are available to view on the Medical Council [website](http://www.medicalcouncil.ie).

Subsequent to the video cast produced in 2010 in which Dr Deirdre Madden, Chair of the Ethics Working Group, introduced each section of the Ethical Guide, an audio cast on '[Section C of the](#)

[Ethical Guide: Medical Records and Confidentiality](#)’ was released in December 2011 as part of a series of video casts/audio casts delving deeper into each section of the Guide. As patients and doctors alike need to be aware of rights to privacy and the requirements for confidentiality, this audio cast was aimed at both the profession and the public.

Research

The Council engaged in a number of research projects in 2011 to assist in explaining various aspects of its role and also gain a more detailed understanding of its audiences.

A survey to assess Public Awareness and Confidence in the medical profession was published in April 2011. This research found that doctors were the most trusted profession in Ireland, while over 90% of those surveyed were satisfied with the performance of their doctor.

The Council’s first [Statistical Report](#) was commissioned and launched at a press conference in July 2011. This report provided a more comprehensive view of the Council’s functions, using key statistics to highlight the work undertaken throughout the Council, particularly in the areas of professional development, registration, and in setting and monitoring professional standards.

The Council is committed to undertaking research projects to inform the development of procedures and communications activities, and further research projects will be published in 2012.

Media

The Medical Council encouraged regular media coverage throughout the year by responding in a timely manner to queries and issuing relevant press releases.

In May 2011, new rules for the maintenance of professional competence came into effect, and an extensive programme of communications was undertaken to raise awareness of doctors’ new statutory duty among the profession, the public and various stakeholders. Public relations activities resulted in positive press and broadcast coverage with an estimated media value of over €250,000.

The Medical Council continued its commitment to raising awareness of public fitness to practise inquiries, providing updates on forthcoming inquiries for the media and general public to attend. Interviews were secured in the national press and broadcast media on areas such as Council’s registration and examination processes, complaints and inquiry statistics and public trust in the medical profession.

Publications

The Council developed a range of publications in 2011. In addition to the 2010 Annual Report, annual business plan and statistical report, a suite of guides for doctors, employers and the general public on new professional competence requirements were published to highlight the most prescient information for the respective audiences. All Council publications in 2011 are accessible via the Medical Council [website](#).

The Medical Council continued to be involved in a group established by the Ombudsman’s Office to assist in the development of a website, [Healthcomplaints](#), for members of the public which provides guidance on how to make a complaint/raise a concern about health and social care services in Ireland.

Strengthening Communication and Collaboration within the Health System

The Medical Council was proactive in 2011 in communicating with a number of key stakeholder groups, representing patients, doctors, employers and other relevant organisations within the health system. A Stakeholder Engagement plan to maximise the effectiveness of our interactions with key groups was developed. Arising from the volume of engagements this plan is intended to monitor these interactions, measuring their value and setting a path for continued development of the ways in which we engage with these audiences in 2012.

The conference entitled '[Maintaining Competence, Maintaining Trust](#)' was opened by the Minister for Health, Dr James Reilly on 8th April 2011 in Croke Park Conference Centre. National and international speakers presented on a range of topics including the Experience of the New South Wales Medical Board, the NCAS Experience, Building a Culture of Patient Safety in Ireland and the Postgraduate Training Body Perspective.

Members of the Executive continued to communicate with advocacy groups, regulatory bodies and other organisations on areas of shared interest delivering presentations to a variety of groups and organisations over the year, including medical students, conference groups and Medical Manpower Managers, to illustrate the work of the Council.

The Tripartite group (Medical Council, HSE and Forum of Postgraduate Training Bodies) continued to meet in 2011 to discuss issues of mutual interest and solutions to these issues were implemented where appropriate.

[The National Clinical Effectiveness Committee \(NCEC\)](#) was established under the Patient Safety First initiative to "provide a framework for national endorsement clinical guidelines and audit to optimise patient care". The Head of Professional Competence represents the Medical Council on this Committee and ensures that its work links with the Medical Council's new role in ensuring that doctors maintain professional competence. A set of arrangements for prioritising and confirming national clinical guidelines to be recommended to the Minister were developed in 2011.

The Council's Head of Professional Standards & Legal Advisor is a member of the Irish Medicines Board's (IMB) *Consultative Panel on the Legal Classification of Medicines* which was established in 2011 to assist the IMB in their review of licensing of prescription only or over the counter medicines.

The Medical Council's CEO is a member of a Working Group on Retention of Medical Talent in Ireland, led by the Forum of Postgraduate Medical Training Bodies and the Advisory Group to the Minister for Health on the development of a new Specialist Grade.

Engagements with elected representatives

Engagement with elected representatives is important in raising public awareness of the Council's role in protecting the public. The Council responded to numerous queries from elected representatives on behalf of constituents over a range of issues, from the registration of doctors to the complaints and inquiry process.

Meetings were held with health spokespeople on areas of interest and the Council made a presentation to the Joint Oireachtas Committee on Health and Children in October, outlining its work in the registration of non-consultant hospital doctors (NCHDs).

Memoranda of Understanding

Patient safety is at the core of the Medical Council's remit and cooperation with other regulators on patient safety continued in 2011 with the signing of memoranda of understanding between the Medical Council and the Pharmaceutical Society of Ireland (PSI) and with the Irish Medicines Board (IMB). The memoranda provided a framework to assist the joint working of the Medical Council with these statutory regulators, ensuring maximum effectiveness regarding public safety and public health issues when carrying out their statutory functions.

[Memorandum of Understanding between the Medical Council and the Pharmaceutical Society of Ireland](#)

[Memorandum of Understanding between the Irish Medicines Board and the Medical Council.pdf](#)

Strategic Objective 6: Enable effectiveness through appropriate and efficient internal systems and processes

Council processes

Following an audit of Council processes a recommendation to provide documentation in an electronic format only was approved, and since October 2011 the provision of paper documentation has ceased. Whilst this change in process was part of the Council's cost saving measures for 2011, it also enhanced the security of sensitive and confidential documentation provided to Council members via use of a secure extranet system. Further development of this system and feasibility of its roll out to other Committees will be reviewed in 2012.

Business Planning

The [Business Plan for 2011](#) was developed by the Executive and approved by the Council on 18th January 2011. The Medical Council's Balanced Scorecard sets out the organisation's key objectives, targets and timescales over four quadrants, representing the main areas of the Medical Council's corporate focus and performance namely: Relationships with Stakeholders (public, profession and other stakeholders), Regulatory Systems and Processes, People (staff and Council) and Arrangements for Financial and Corporate Management.

Use of the scorecard provides both the Medical Council and its external stakeholders with a clear and straightforward mechanism for measuring the organisation's performance in the areas which are of greatest strategic importance in addition to which, quarterly update reports on the Business Plan are provided to Council for review.

The Business Plan and Budget for 2012 were prepared in Q4 2011 for approval by Council in January 2012. Through a series of workshops at Executive and Sectional level, all staff in the organisation were invited to input into the development of the Business Plan for 2012 which was presented to Council in Q4 2011 for review and subsequently approved. This collaborative approach has encouraged members of staff to engage further in the process and to develop awareness of the organisation as a whole.

Risk Management

A Risk Management Framework was developed in 2011 to identify and plan for issues that may impact on the successful delivery of the Medical Council's strategic and operational objectives and to support better decision making based on a clear understanding of risks and their likely impact. A generic framework was set out consisting of a series of simple but well defined steps to support

ongoing risk management, and to raise the awareness of risk and the need to manage it consistently and effectively across all levels of the organisation.

This document has been reviewed and updated on a quarterly basis with risk a key agenda item at Medical Council, Audit Committee and other Committee and Executive meetings. In acknowledgement of the key importance of risk within the strategic functions of Council, a Chief Risk Officer reporting directly to Council was appointed in July 2011.

Corporate Governance

The Corporate Governance Working Group completed a review of all Council governance documents including a Register of Legal Obligations, quarterly reviews of which will be undertaken to assess compliance with legislation relevant to how the Medical Council conducts its business. Latest versions of the Council's [Code of Conduct](#), [Standing Orders](#) and [Terms of Reference](#) are available to the public and profession on the Council's website. In line with best practice in corporate governance a Self-Evaluation Governance Questionnaire was conducted in February 2011 to examine Council effectiveness, to reflect on achievements and to make suggestions for improvement. A developmental day for Council members took place in October 2011 at which topics including consistency in FTPC inquiries, risk management and corporate responsibility were discussed. These events provide a forum and space for members to discuss key learning topics and further develop subjects that arise throughout the year. Decisions and outcomes are built on following these learning events.

Internal Audit

The Medical Council is fully committed to maintaining effective financial management and reporting. This is ensured through the operation of an internal audit function. Due to the size of the organisation this function is appropriately outsourced, with two internal audits conducted in 2011 focusing on the ICT function and a comprehensive review of internal financial controls.

Revenue

The target of 3.33% diversity of revenue streams was exceeded in 2011 with new income from the accreditation process of Postgraduate Training Bodies, new specialties and investment income achieving 4.4% diversity. A medium term financial plan was developed in 2011 to map the Medical Council's financial structure enabling better planning in line with best practice. The budget for 2012 was prepared and presented to Council by the Audit Committee in December 2011.

Human Resources

A review of HR Policies and Procedures was undertaken and training on the Performance Management Development System (PMDS) was completed in November 2011 with workshops for all staff facilitating the roll out of PMDS in January 2012. Once the PMDS reviews have been carried out an analysis will be conducted to inform an organisational Training and Development plan.

In line with the Croke Park Agreement and its directions a number of HR initiatives were implemented:

- a staff mobility policy was implemented to promote staff mobility and diversification, and this policy will continue to be implemented where possibilities to facilitate redeployment within equivalent grades arises
- an EO / CO Development Programme to develop staff in key areas was successfully delivered.
- a Staff Satisfaction Survey was conducted in Q2 2011 in line with the HR strand of internal communications and, arising from feedback received from this survey, the Internal Communications Group was established to make recommendations for improvement in

this area. Targets for improvement were set and a repeat survey will be conducted in 2012.

A Staff Satisfaction Survey was conducted in Q2 2011 in line with the HR strand of internal communications and the strategic objective of focusing on individuals' welfare and work-life balance. Arising from feedback received from this survey the Internal Communications Group was established to make recommendations for improvement in this area. Targets for improvement were set and a repeat survey will be conducted in 2012.

Internal Communications

The Internal Communications Group was established in 2011, with membership from a representative sample from all Sections of the organisation, and provided recommendations for improvements in internal communications.

ICT Systems

The Supervised Division created a particular challenge in 2011 for which ICT systems needed to be developed and implemented within a very short timeframe, ensuring that information relating to applicant doctors' could be processed expediently to support the placement of doctors from India and Pakistan within the Irish healthcare system.

In conjunction with the HSE, an electronic share function was developed which provides the HSE with visibility of doctors qualified by Council as eligible for NCHD posts. The HSE utilises this system to allocate approved posts to doctors following which the Council can download the relevant information to internal ICT systems.

Disaster Recovery and Business Continuity

After consultation with all Sections of the organisation, a comprehensive Disaster Recovery and Business Continuity Plan has been developed, the recommendations from which will be implemented in 2012. Planning for disaster is essential in ensuring that the continuity of business is attained in circumstances outside of normal occurrences i.e. flooding, ICT systems failure, breach of security and this plan has been developed to mitigate against any such disasters and ensure business continuity.

Customer Service Audit

A Customer Service Audit conducted in Q4 2010, designed to explore responsiveness, quality of service, query resolution, quality of information and to deliver a greater depth of understanding regarding perceived strengths and weaknesses of the Medical Council in delivering on our principal functions, continued in 2011 with an analysis of the research and implementation of recommendations. A Comprehensive Customer Service Action Plan (CAP) has been established which sets out how the Council will deliver customer services, the methods we will use to meet the needs of our customers as well as setting a range of targets and SMART objectives.

Procurement

The Medical Council is committed to meeting its obligations under the National Public Procurement Policy Framework. A number of procurement related initiatives were conducted in 2011 with a view to heightening procurement awareness and achieving value for money in all purchases of goods and services. In accordance with the Medical Council's corporate procurement plan, the Council conducted a review of purchasing processes, following which an electronic requisitioning system was implemented. The system allows multiple level interventions providing the procurement function with visibility of all purchases across all sections of the organisation.

In 2011 an EU tender process for the provision of legal services was completed. Five companies qualified to proceed to tender stage and, following a comprehensive process the tender was awarded.