



Comhairle na nDochtúirí Leighis
Medical Council

Medical Council Business Plan
2014

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Introduction

The Medical Council's Business Plan arising from the Statement of Strategy 2014-2018 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 the Medical Council's Terms of Reference. This Business Plan sets out in detail the objectives of the Medical Council for 2014 and associated expenditure plans in line with the Medical Council's Statement of Strategy (2014 – 2018).

To identify and plan for issues that may impact on the successful delivery of the Medical Council's strategic and operational objectives, a Risk Management Framework was developed in 2011. Building on this framework, an independent review was conducted in 2012 with positive findings reported to Council, commending the current risk management procedures and processes.

This comprehensive Plan has been developed by the Medical Council Executive in collaboration with Council, its Committees and Working Groups and was approved by the Medical Council on 28th January 2014. 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 2013 as part of its statutory reporting requirement and this will comprehensively outline the activities of the organisation which were undertaken for that period. A summary of the key activities and achievements are highlighted in Appendix 1 of this document.

The Medical Council's statement of strategy for 2014-2018 presents a new vision for the organisation: "Providing leadership to doctors in enhancing good professional practice in the interests of patient safety." 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 continues to maximise the use of resources, providing the best value for money whilst working 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 2014-2018 and takes into account the Council's vision, mission and values contained in that document.

Vision

Providing *leadership* to doctors in enhancing *good professional practice* in the interests of *patient safety*

Mission

Ensuring *high standards of education, training, and practice* among doctors for the *benefit of patients*

Values

1. We strive to further enhance *trust* between patients, doctors and the Medical Council
2. We *lead by example, setting high standards* for ourselves and for the doctors and organisations we regulate
3. We act in a *respectful, fair, empathetic and consistent* manner
4. We make *independent, informed and objective decisions* and we are *accountable* for them
5. We encourage *diversity, engagement and learning* to help us be a better organisation

Strategic Objectives

The Medical Council Strategic Objectives are set out in detail in the *Statement of Strategy 2014 – 2018*. These set the operational direction and functions for the organisation over the period.

Strategic objectives:

1. Develop an effective and efficient register that is responsive to the changing needs of the public and the medical profession.
2. Create a supportive learning environment to enable good professional practice.
3. Maintain the confidence of the public and the profession in the Council's processes by developing a proportionate and targeted approach to regulatory activities.
4. Enhance patient safety through insightful research and greater engagement.
5. Build an organisational culture that supports leadership and learning.
6. Develop a sustainable and high-performing organisation.

Operational Context and Challenges for 2014

This plan has been framed within a challenging fiscal and human resources environment. To allocate and use our finite resources effectively consideration continues to be 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 2014 – 2018
- The Medical Council's Financial Outturn 2013 and the forecasted Financial Position for 2014
- 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:

Financial Position: The Council is self-funded, with the vast majority of its income derived from doctors' registration fees. As all parts of the 2007 Medical Practitioners Act have become operational, the Council's role and remit has expanded significantly. In 2013, the Council for the first time in five years increased the annual registration fees. Council is conscious of the impact recession has had on registrants. It does not however currently have leave to levy fees for certain statutory activities, limiting its ability to diversify its revenue. A continued focus on tight controls over expenditure, including a programme of cost reduction measures to drive down costs will take place in 2014.

Business Plan Implementation: this is the fourth full year of business planning for the Medical Council and again its scale is challenging. A summary report on the key highlights and activities completed as part of the 2013 Business Plan is contained in Appendix 1 of this document. Detailed reporting will be provided in the Medical Council's Annual Report 2013. 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 2013 and cover areas such as:

Scale of Role and Remit: The Council's regulatory activities have expanded in recent years, and it now has an oversight role at all stages of a doctor's career, from the moment they enter medical school, until the day they withdraw from the register. The range of activities, allied with the financial landscape necessitates tight controls and stringent monitoring to ensure that the Council is applying its limited resources to best effect.

Handling of complaints: The Council has reviewed and updated its procedures in recent years to ensure that its process for handling complaints is robust, fair and transparent. The Council is keen to see enhancements in complaints handling procedures across the health system to ensure patients' concerns are handled at the appropriate level using the appropriate method, and a focus in 2014 will be on the establishment of frameworks with employers to further this aim.

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 Haddington Road Agreement and its directions a number of HR initiatives have been implemented.

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 2014. 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. The Council continues to progress with the Department of Health further amendments to the Act some of which have been agreed in principle.

Medical Workforce Planning: This continues to create challenges for the Medical Council to respond to employer demands relating to the registration of doctors. Under the Council's Statement of Strategy, building and strengthening strategic relationships is identified as a key objective and cooperation and coordination with the Health Service Executive will be ongoing in 2014.

Financial Position 2014

Summary of the 2014 Financial Position

	Final Audited 2013		Budget 2014	
	€'000	% of total	€'000	% of total
<i>Income</i>				
Annual retention fees	7,715	76.05%	8,311	79.43%
Application fees	1,672	16.48%	1,604	15.33%
Miscellaneous & Investment income	757	7.47%	548	5.24%
	10,144	100.00%	10,463	100.00%
<i>Expenditure</i>				
Payroll costs	4,232	39.34%	3,981	36.19%
Legal expenses	2,480	23.05%	2,786	25.32%
Rent and rates	1,099	10.22%	1,177	10.70%
Council/Committee meeting and T&S expenses	730	6.79%	543	4.94%
Depreciation	441	4.10%	433	3.94%
Premises costs	400	3.71%	420	3.81%
Other operating/administrative costs	1,376	12.79%	1,661	15.10%
	10,758	100.00%	11,001	100.00%
Operating surplus/(deficit) for the year	-614		-538	

The forecasted operating deficit for the year at year end as of 31st December 2013 was €355k, however following several year-end and audit adjustments including a significant increase in actuarial pension service costs due to increased head count and a slight change in accounting policy surrounding fit out capitalisations, this has increased to an operating deficit of €614k.

Income for 2013 amounted to €10.1m. Forecasted income for 2014 is estimated at €10.5m, a circa €400k (4%) increase on the 2013 income.

Budgeted expenditure for 2014 is €11m, a €289k (2.7%) increase on the 2013 expenditure. The main reasons for this increase include:

- The costs recognised in terms of payroll will reduce as the Council were required to account for increased pension service costs associated with the increase in headcount and no further increase in head count is expected in 2014.
- Rent & Rates increase due to the cessation of the current tenancy agreement for Lynn House in April 2014, increased rates on both Lynn House and Kingram House (€78K).

- Increased Performance Assessment Scheme expenditure driven by an increase of expected activity in assessments (114K)
- Set up costs associated with core initiatives such as the development and roll out of the Your Training Counts Survey, a quality assurance review of the Pre-Registration Examination System and a review of the operation of Schemes for the Maintenance of Professional Competence.
- Finance cost increase due to a planned restructuring of the finance function, a review of financial model and finance expertise engaged via a contract for service arrangement set down by the Department of Public Expenditure and Reform (€132k)
- Medical schools, Hospital visits and examinations are expected to increase by €42,600 in 2014.

Some of these increases have been offset by the following reductions in budgeted expenditure:

- Council member training and election costs incurred in 2013 due to the induction of new Council members will reduce by circa €134k.
- Consultancy costs will reduce by circa €58k.
- Operation and building costs including security, maintenance, postage, cleaning and telephone have a forecasted saving of circa € 48k in comparison to 2013 costs.

Action	Intended Outcome
STRATEGIC OBJECTIVE 1	
Develop an effective and efficient register that is responsive to the changing needs of the public and the medical profession	
<u>1.1 Ensuring safe pathways onto and within the register</u>	
Continue programme for assessment of new registration applications	Processes to register appropriately qualified doctors operating to defined and measured service levels.
1. Review and revise quality assurance framework for Medical Council Pre-Registration Examination System (PRES) and Examination for the Supervised Division (ESD) or equivalent 2. Monitor quality assurance framework for Medical Council Pre-Registration Examination System (PRES) and Examination for the Supervised Division (ESD) or equivalent 3. Continue operation of PRES and ESD (or equivalent), incorporating revised quality assurance framework	Quality assured processes for pre-registration examination of registration applicants.
Management of appeals and legal challenge to registration decisions where necessary	Processes are in line with best practice and compliant with MPA 2007 and principles of natural justice.
<u>1.2 Pursuing operational excellence in registration processes</u>	
1. Ongoing high-level review of management of registration process 2. Continue roll-out of programme for improvement of management of registration process 3. Continue roll-out of framework for quality assurance and continuous quality improvement of management of registration process 4. Finalise implementation of redesigned Specialist Division Level 5 process	Accessible, efficient and effective registration processes which are monitored and continually improved.
Monitor registration applicant feedback and use intelligence to drive continuous improvement of registration process	Accessibility, efficiency and effectiveness of registration processes monitored and continually improved through applicant feedback.
Design, develop and implement an internal audit system to quality assure application processing	Quality assured processes for registration of appropriately qualified doctors.
Devise and implement plan for optimising registrant use of the Council's online portal for doctors	Accessible and efficient registration processes through optimum deployment of Online Registration Facility.
Publish charter of registration applicant expectations	Charter published and operational by end of Q1.
<u>1.4 Ensuring that continuing registration reflects continuing fitness to practise</u>	
Continue programme for annual retention of registration <u>REG - Ongoing 2014</u>	Appropriately qualified doctors retain registration.
Continue programme to monitor and audit doctors maintenance of professional competence	Appropriately qualified doctors retain registration.
Develop and implement case management ICT solution for performance assessment function	Effective and efficient performance assessment case management supported by ICT solution
Design, develop and deliver performance assessor maintenance of knowledge/skills programme	Robust and sustainable assessor panel for programme of performance assessment
Doctors with conditions attached monitored, documentary evidence sought where applicable and conditions reviewed.	Appropriate recommendations made to RCPC relating to the removal of conditions and/or referral for failure to comply.
Review practices and procedures of Monitoring Group	Best practice followed and required standards to be met identified.

Receive & Process Annual Declarations concerning doctors' compliance with professional indemnity requirements, disciplinary sanctions, criminal convictions and/or relevant medical disabilities.	Appropriate processing of responses to Annual Declarations which raise a concern.
STRATEGIC OBJECTIVE 2	
Create a supportive and learning environment to enable good professional practice	
<u>2.1 Defining and communicate what it means to be a good doctor</u>	
Review and amend ethical guidance as necessary in line with amendments to legislation in areas including abortion.	Ethical guidance reflects legislative requirements.
Design and commence a process to comprehensively review the Council's guidance on professional conduct and ethics	Review process designed and commenced.
Provide learning examples of ethical guidance in action through the production of case vignettes, based on sample of complaints received by the Council to date.	Doctors provided with examples of conduct, behaviour, behavioural patterns or practices that may constitute professional misconduct/unprofessional conduct.
Publish guidance for medical schools on student fitness to proceed.	Medical schools have access to guidance that promotes more consistent approaches to students fitness to proceed.
<u>2.2 Shaping high quality learning environments for doctors</u>	
Supplement existing Education and Training Standards with thematic guidance on professionalism	Students and doctors have access to guidance to support professionalism.
Produce discussion paper regarding fitness of current accreditation standards and the relationship to learning outcomes so as to inform implementation of strategic objectives in education and training.	Approach to definition of learning outcomes and review of accreditation standards set.
Continue programme to accredit and monitor quality of basic medical education programmes and bodies.	Quality of relevant bodies and programmes assured.
Continue programme to accredit and monitor quality of postgraduate programmes and bodies	Quality of relevant bodies and programmes assured.
Develop guidelines for specialist training sites	Clear expectations for clinical sites as learning environments.
Design, develop and implement an intelligence-informed and risk-based programme for inspection of specialist training sites	Quality of postgraduate learning environment assured.
Design, develop and implement a programme for measuring trainee experience so as to evaluate impact and outcome of quality assurance activity	Quality of postgraduate learning environment assured.
Continue programme of approval and monitoring of places delivering intern training, including issuance of Certificates of Experience	Quality of intern training sites assured, and successful trainees eligible to receive certificates of experience.
Implement processes for quality assurance and enhancement of anatomy functions as per Section 106 of Medical Practitioners Act.	Practise of anatomy quality assured.
Management of appeals and legal challenge to accreditation decisions where necessary	Processes are in line with best practice and compliant with Medical Practitioners Act 2007 and principles of natural justice.
<u>2.2 Shaping high quality learning environments for doctors & 2.3 Enhancing lifelong learning and specialisation opportunities for doctors</u>	
Validate peer and patient feedback processes and develop guidance on usage in specialist training programmes and professional competence schemes	Postgraduate training and lifelong learning enhanced through increased use of peer and patient feedback processes.
<u>2.3 Enhancing lifelong learning and specialisation opportunities for doctors</u>	
Implement programme of recognition of appropriate aspirant specialities	Recognition of appropriate specialties for the practise of medicine leading to enhanced specialisation opportunities for doctors.
Implement programme to manage arrangements with recognised bodies for operation of professional competence scheme in line with Medical Council standards.	Lifelong learning opportunities for doctors.

<u>2.4 Fostering good health among doctors</u>	
Support medical practitioners with relevant medical disabilities or health related conditions to maintain their registration during illness and recovery.	Medical practitioners supported through ill health and/or until such time as conditions removed.
Review practices and procedures of Health Committee.	Best practice followed and required standards to be met identified.
Engage with stakeholders to implement a more proactive approach towards medical practitioners (to include medical students) maintaining good health and also to support those medical practitioners with health issues.	Promotion of good health and maintaining such within the profession as a whole.
STRATEGIC OBJECTIVE 3	
Maintain the confidence of the public and the profession in the Council's processes by developing a proportionate and targeted approach to regulatory activities	
<u>3.1 Influencing enhanced procedures to progress complaints throughout the health system</u>	
Develop a framework with employers to ensure that complaints are addressed properly and at the appropriate level within the wider health system	Framework developed and agreed to ensure that complaints are dealt with by the most suitable forum, in the most efficient and transparent way.
Establish mechanisms, including workshops, feedback and survey data, to ensure that complainants and patient advocacy groups have increased clarity on appropriate systems for resolution of complaints including referral to the Medical Council	Increased understanding of the role and responsibility of the Medical Council in respect of effective resolution of complaints.
Implement measures to ensure Council complaints and Inquiry processes are managed in a cost effective manner to include collaboration with other professional regulatory bodies 1) Opportunities for framework agreements and increased use of in-house legal expertise. 2) Effective engagement with other healthcare regulators to share knowledge and improve processes regarding complaints handling. 3) Consultation/feedback meeting held with key groups and stakeholders at regular intervals, in association with the Communications Department and Office of the CEO, to include Patient groups, Doctors, Representatives/Indemnifiers.	Complaints and Inquiries processed cost effectively. In-house legal deployed effectively. Opportunities for shared services realised. Active engagement in FTP Forum of Regulatory Bodies. Ensure confidence of all stakeholders in processes and on-going communication to ensure best practice Meetings/ communications with stakeholders on policy and procedures.
Work with partner organisations on legislative and policy developments relating to the handling of concerns surrounding doctors' practice, including liaison with the Department of Health on amendments to the Medical Practitioners Act (particularly Parts 7, 8 and 9) and engagement with international regulatory networks such as IAMRA and Health Professionals Crossing Borders.	Medical Council playing key role in leading a collaborative approach, influencing policy and legislation and engaging with relevant international networks.
<u>3.2 Safeguarding the integrity of register</u>	
Ensure the ongoing delivery of an effective, fair & transparent complaints and Inquiry process compliant with Medical Practitioners Act 2007 & consistent with natural justice and best practice through the review and refinement of processes and procedures of Council and Committees. Review process to include review and update of standard conditions bank and Guidance on Sanctions imposed document.	Complaints processed and Inquiries managed within published timeframes. Complaints processed and Inquiries managed in compliance with Medical Practitioners Act 2007, principles of natural justice and best practice. Medical Council assisted and supported in imposing proportionate and consistent sanctions and relevant and workable conditions.
Develop a Medical Council policy on the publication of information and documentation generally eg requests for publication of transcripts, to include matters arising from Freedom of Information legislation and Data Protection legislation. Process Freedom of Information and Data Protection requests relating to the work undertaken by the Directorate of Regulation in accordance with law	Policy on publication approved and published to ensure a consistent approach to issues concerning publication of information, Freedom of Information and Data Protection.
Continue to operate performance procedures to handle referrals of doctors whose performance is a cause of concern including remediation	Good professional practice supported for doctors whose performance is a cause for concern.

<u>3.3 Learning from experience</u>	
Review patterns and themes of complaints 2008-2012 so as to identify learning for the Medical Council and stakeholders	Learning identified from complaints and used to inform processes of Medical Council, employers, policymakers and other stakeholders.
STRATEGIC OBJECTIVE 4	
Enhance patient safety through insightful research and greater engagement	
<u>4.1 Conducting research to inform our work</u>	
Produce medical workforce report based on analysis of annual retention questionnaire and registration data	Medical Workforce Intelligence Report 2014 Published.
Produce professionalism report based on research with the public and doctors	"Talking about good professional practice" report published.
Complete survey of employer knowledge and attitudes to registration processes	Evaluation of employer knowledge and attitudes to registration processes used to determine ways to improve employer engagement.
Knowledge attitudes and awareness survey of general public to be completed.	An improved evidence base to inform our strategic decisions.
<u>4.2 Shaping and responding to emerging legislation and policy</u>	
Provide input into relevant legislative developments including, Medical Practitioners Act, Professional Indemnity Bill and Human Tissues Bill and all other relevant developments.	Issues identified with the MPA and any other proposed legislation, such as the human tissues bill, professional indemnity bill etc., are addressed through legislative amendments.
Presentations to be sought with internal party health committees. Participate in relevant parliamentary affairs fora & ensure members of the oireachtas sent materials to inform decision making.	Better informed public representatives re the role of the Council.
<u>4.3 Building and strengthening strategic relationships</u>	
Development of an action plan focusing on stakeholder engagement to include engagement with patient representatives, doctor representatives and regulatory bodies and representative organisations at national and international level.	Stakeholders are kept informed of the Council's work.
Participation in engagement with external stakeholders including eg Tripartite Council/HSE/Forum, Dean's Group, HSE Intern Affairs, ICHMT, Medical Safety Committee, pre-registration engagement with students etc	Council's views, observations and concerns help to inform stakeholders' decision-making processes.
Cooperate and coordinate with HSE to ensure timely and effective registration of doctors for July 2014 & January 2015 intakes.	HSE proposed doctors registered in the Supervised Division for commencement in July 2014.
Continue to cooperate and liaise with the State Claims Agency and other regulatory bodies.	Maintain excellent relations and potentially liaise in relation to sharing costs and as learning points regarding panels of counsel, assessors and free structures.
Manage existing MOUs and identifying opportunities for developing others	MOU is agreed, finalised and implemented.
<u>4.4 Effective communication</u>	
1. Delivery of website developments to improve public awareness, engagement and understanding, particularly through interactive content. 2. Promotion of website and development of Analysis of Website Visits to ensure better measurement of website traffic, effectiveness of online activities and engagement.	The public and partner organisations will have access to better information.

<p>1. Delivery of website developments to improve engagement with the profession and trainees, including a detailed communications plan surrounding annual retention process to be implemented, including the development of an improved annual retention form.</p> <p>2. Development of bespoke communications aimed at the profession, including newsletters and other interactive means. Improvements to be delivered in electronic database of doctors to ensure effectiveness of communication.</p> <p>3. Development of a website area specifically for doctors not in active clinical practice.</p>	Doctors will have access to better information.
<p>Focus on ensuring transparency in the Council's work: Media management to focus on engagement with journalists to enforce Council's stated objective to be open and transparent in its work.</p>	Information in relation to the Council, its role and function is more accessible.
<p>All policies and procedures concerning Council complaints and inquiry processes including findings of FTPC and sanctions imposed by Council published.</p>	Public confidence in process and self regulation.
<p>In line with results and recommendations contained in B&A annual 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.</p>	Appropriate support provided to complainants & doctors concerning the Council's complaints & Inquiry processes.
<p>Organisation of Medical Council events, IPAC conference (September) and Educational symposia, as well as launches of key Council publications (Statement of Strategy - Feb and Annual Report - July)</p>	<p>Events are organised on time and within budget.</p> <p>Evaluation of events indicates that they have responded to intended objectives.</p>
<p>1. Management of the Freedom of Information function to ensure all requests under the Freedom Of Information Act are responded to in a timely and appropriate manner.</p> <p>2. Management of all Parliamentary Questions and Ministerial Representations received and ensure responses are issued by deadlines set.</p>	<p>1.Appropriate distribution of Freedom Of Information requests to the relevant section and ensure responses are issued in accordance with the Act. Maintain a log of all Freedom Of Information requests and prepare statistical analysis when required. Update of S. 15 and S. 16 requirements under Freedom Of Information by Q3.</p> <p>2.Appropriate distribution of Parliamentary Questions & Ministerial Representations received to the relevant section and ensure responses are issued in accordance with best practice. Maintain a log of all Parliamentary Questions & Ministerial Representations and prepare statistical analysis when required - Q1-Q4</p>
STRATEGIC OBJECTIVE 5	
Build an organisational culture that supports leadership and learning	
<u>5.1 Implementing good practice Governance & Human Resources</u>	
<p>To develop and manage a governance review programme for Council and Committees - Q1 for development, Q2 for results and recommendations</p>	A fit for purpose performance management and process for self evaluation of Council is established.
<p>Development of a comprehensive overall T&D Plan for Council and Committees which outlines the learning objectives for Council and identifies metrics for measurement of the effectiveness of this training - Q1 Deliver a series of appropriate and beneficial T&D sessions and Away Days for Council under this plan - Q1-Q4</p>	Council members are supported in becoming a high-performing board.
<p>Conduct a review and update of the Medical Council Terms of Reference, Standing Orders and Whistle-Blowing Policy.</p>	Deliver a comprehensive Corporate Governance programme to ensure compliance with the relevant legislation and Corporate Governance Code for State Bodies.
<p>Conduct a review and revision of the Corporate Governance Handbook to ensure compliance with the relevant legislation and Corporate Governance Code for State Bodies.</p>	Deliver a comprehensive Corporate Governance programme to ensure compliance with the relevant legislation and Corporate Governance Code for State Bodies.

Management of Council Meetings to include the development and distribution of the Council Briefs and supporting documentation and all related activities e.g. Attendance Sheets, ICT issues, Minutes, Matters arising	Comprehensive documentation and information is provided to the Medical Council to ensure Council can discharge its functions under the Act. An annual review is undertaken to ensure the content, format and frequency of Council documentation and meeting arrangements is appropriate.
Revise and drive a robust PMDS process and culture underpinned by the Learning & Development plan and supporting talent identification and succession planning initiatives.	Clarity on role profiles and objectives, identification and management of below par performance, identification of business critical roles and strategies for succession completed.
Conduct a skills analysis across the organisation and complete gap analysis to ensure 'fit for purpose' organisation positioned to deliver on 2014 business plan	Completion of library of available skills across the organisation and identification of gaps to be addressed and linked to PMDS.
Review of organisation design to ensure structure adequately supporting strategy and maximise workforce planning effectiveness	1. Review of organisational design across each Directorate to ensure workforce planning effectiveness. 2. Capacity planning and rework/cycle time reviews to ensure a fully effective structure that serves the needs of the organisation and ensures optimal utilisation of resources.
Development of employee engagement framework underpinning overall HR Strategy	Increased levels of engagement and staff satisfaction measureable through employee surveys
<u>5.2 Balancing capacity and capability</u>	
Develop appropriate competency frameworks for Council, committees and working groups.	Ensure appropriate resources to optimise Council's effectiveness
To develop criteria and competencies for membership of PPC & FTPC.	To ensure adequate representation of key specialities to ensure expertise of various specialities to assist in considering complaints.
<u>5.3 Aligning culture and strategy</u>	
Embed leadership commitment across the executive and facilitate tailored leadership development plans for individual growth and succession planning	Conduct and complete suite of tailored leadership development options inclusive of caching and tangible leadership competencies, team profiling etc. leading to enhanced leadership capability across the organisation.
Ensure effective internal launch of new statement of strategy, aligning PMDS goals with 2014 strategic and business planning objectives, and ensuring awareness of staff of their role in achieving same.	Increased levels of engagement with staff and understanding of roles in achieving organisational objectives.
<u>5.4 Effective Internal Communication</u>	
Focus on improving and enhancing internal communication strategies to promote further engagement and transparency across the organisation	Improved internal communications systems and processes.
STRATEGIC OBJECTIVE 6	
Develop a sustainable and high performing organisation	
<u>6.0 Develop a sustainable and high performing organisation</u>	
Manage and report quarterly on the performance of the organisation through Key Performance Indicators for Statement of Strategy, Business & Risk Management Plan, and management team dashboard metrics	Control of implementation of Statement of Strategy and Business Plan.
<u>6.1 Delivering value for money</u>	
Legal costs controlled & monitored via enhanced management of third party legal services contracts and process efficiency measures	Minimising legal costs.

1. Implement Corporate Procurement Plan (CPP) 2013-2015 with devolved responsibilities and centralised controls. 2. Maintain centralised contract database and oversee contract administration, monitoring and review. 3. Tender for new Preventative Maintenance Contracts and other contracts.	Performance review conducted and recommendations put in place as appropriate cost savings and best value
Implement software to automate management of expense claims	Increased access and visibility of expense claims with reduced paper based costs.
<u>6.2 Developing and maintaining a sustainable business model</u>	
Develop and implement a medium term financial strategy to ensure sufficient resources are available to deliver the Medical Council's strategic priorities and business plans	Sufficient resources are available to deliver the Medical Council's strategic priorities and business plans. Council can continue to deliver improvements in our economy, efficiency and effectiveness, to ensure our fees are moderate. Reserves are within a manageable and appropriate range.
Identify proposals on sources of revenue [other than Annual Retention of Registration Fees] and make recommendations to the Audit Strategy & Risk Committee and Council, requesting ministerial approval where required	Sufficient resources are available to deliver the Medical Council's strategic priorities and business plans.
Undertake negotiations to purchase Kingram house parallel with legal activities to achieve a significant reduction in HQ costs. Progress appeal to Supreme Court and defend specific performance action.	Significant cost savings on annual cash outflow for the occupancy of a Medical Council HQ. Litigation defended. Agreement to purchase Kingram House.
Ensure fit for purpose systems in place to support business objectives: 1. Maintenance and refinement of Fixed Asset Management System 2. Maintenance and refinement of PO system	Fixed Asset Register and PO System is up to date and aligned with Financial records.
To defend any action commenced against the Council as a corporate entity	Judgment obtained or action settled with Medical Council's instructions.
Engage in public sector aggregation & shared service initiatives in areas such as disaster recovery, print, payroll etc	Cost savings and synergistic gains.
Management of Lynn House Rental process	Lynn House is successfully rented with continuous revenue generated.
Reduce operating costs across the organisation e.g. energy, file storage, waste management	Costs associated with operating costs eliminated or reduced where possible.
<u>6.3 Focusing on organisational capability with an emphasis on business process improvement</u>	
Set and monitor an overall Corporate budget vesting responsibility with Directors to manage devolved budgets for each Directorate. Report to ASRC and Council quarterly on management against financial targets.	Ensure departments are cost focused, accountable and responsible.
Register of Legal Obligations is maintained ensuring that the MC is in compliance with all relevant legislation	Register of Legal Obligations is maintained and updated to reflect changes in all relevant legislation.
Refine systems and processes to capture and report on data to support the implementation of the Business Plan and Financial Strategy	More timely and comparable financial reporting information and budgets leading to better decision making and optimum efficiency.
Internal audit assignments carried out and reported to Audit Committee	Highlight operational risks, weaknesses and inefficiencies in order to enable and ensure best practice.
Prepare and have audited annual accounts by Comptroller & Auditor General	Timely reporting to key stakeholders to enable decision making.
Undertake a restructuring of the Finance and Administration Directorate, its associated functions, processes, personnel and systems	Increased efficiency, knowledge sharing and support leading to a more driven, deadline focused finance team.
Carry out regular Health & Safety Audits	Health & Safety awareness and application of safety procedures are in place.
Develop a quality assurance framework that better allows us to monitor and undertake our business delivery, risk and compliance. Review & manage relevant risks via Corporate and Directorate Level Risk Registers. Report on Risk Management to the ASRC and Council in line with Medical Council Risk Management Policy	Quality assurance framework in place. Corporate and Directorate Level Risk Registers operated in line with Risk Management Policy.

<p>Develop an Information Governance Framework to determine how Council manages the collection, storage and use and sharing of data.</p>	<p>An Information Governance framework setting out how the Council handles information, in particular, personal and sensitive data.</p>
<p>Development of Council systems, including:</p> <ol style="list-style-type: none"> 1. Enhanced Mobile device control and supports. 2. Upgrade of Printing and scanning facilities. 3. Implementation of Web Filter. 4. Contingency for Update of Remaining desktops to Windows 7. 5. Unified Communication. Integration of voice, electronic and video communication. 6. Develop a centralised area for recording of attendance at meetings, logging of reports to Council and actions arising for Committees following Council meetings. 	<p>To provide a robust, reliable and resilient ICT systems and infrastructure.</p>
<p>Develop an Excellence in Customer Service Strategy</p>	<p>A Customer Service Strategy spanning all areas of the Council.</p>