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Comhairle na nDochtúirí Leighis
Medical Council



Medical Council Business Plan 2011

Approved by the Medical Council
for submission to the
Department of Health and Children
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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. Following the approval by Council of the Strategy in September 2010, this Business Plan sets out in detail the objectives of the Medical Council for 2011 and associated expenditure plans.

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

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

Purpose and Functions of the Medical Council

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

Vision

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

Mission

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

Values

- 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.

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

Strategic Objectives

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

Strategic objectives:

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

- Provide ongoing advice to doctors on matters relating to the register, appeals, inquiries and other relevant areas.
 - Support doctors in the integration of the 'Guide to Professional Conduct and Ethics' into their professional practice.
 - Provide ongoing monitoring of doctors with conditions attached to their registration and facilitate compliance as appropriate.
 - Support doctors who have relevant medical disabilities, or associated health- related conditions, to maintain their registration during illness and recovery.
3. Set and monitor standards for maintenance of professional competence:
- Develop and implement professional competence schemes.
 - Develop and implement a process to review the effectiveness of the professional competence schemes and make improvements as required.
 - Develop and implement a process for remediation of doctors following non-compliance with professional competence standards.
4. Take appropriate action to protect the public where standards are not met by individual practitioners:
- Promote the process for employers and other healthcare professionals to bring appropriate concerns to the attention of the Medical Council.
 - Ensure the ongoing delivery of effective, fair and transparent complaints processes.
5. Engage proactively with the public, the profession and other stakeholders:
- Develop and implement a comprehensive strategy for public engagement.
 - Develop and implement a comprehensive strategy for engagement with the medical profession.
 - Develop and implement a comprehensive strategy for engagement with other stakeholder groups.
6. Enable effectiveness through appropriate internal systems and processes:
- Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate.
 - Develop and implement an equality and diversity policy relating to all internal and external processes and engagements.
 - Embed a 'service-user' focus within the functions and activities of the Medical Council.
 - Ensure that organisational processes are effective and user friendly.
 - Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards.
 - Ensure ongoing financial security of the Medical Council.
 - Optimise the use of Medical Council resources.

Note: See Appendix 1 of this document for a review of implementation against the 2010 Business Plan (Q3&Q4).

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	Establish annual target to increase public awareness of the Medical Council - post baseline study.
Public Confidence.	- Link to public awareness survey. Establish annual target to increase public confidence in the Medical Councils fulfilment of specific functions - post baseline study. - Establish a mechanism to measure and track public confidence in the Medical Council Complaints and Inquiry processes (post full completion of process).
Profession Confidence	- 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: Registration appeals, Complaints & Inquiries and PRES). - Percentage increase in confidence of registrants in the Medical Council to be agreed post baseline study.
Satisfaction with interactions among Profession	Achieve an 80% satisfaction rate with usefulness and quality of interactions with the Medical Council (cross organisational: Annual retention process survey, registered medical practitioners survey, post Complaint & Inquiry process completion study).
Number of engagements (Public/Profession/Other Stakeholders)	Establish Stakeholder Engagement Plan. Put in place annual metric for engagement with public, profession and

	other stakeholders.
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- 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	• Annual (Q1) Audit of MPA to assess levels of compliance and/or non-compliance.
Interaction response & process completion <u>efficiency</u>	• Registration: • 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. • Average level of Registration Helpline Service to increase from 72.3% baseline by 5% year-on-year. • Complaints & Inquiries • Average time for opening new complaint files – 3 working days. • Median time from receipt of complaint to decision of PPC – 6 months. • Average frequency of Call Over hearings – 6 weeks. • Median time taken from decision of PPC to refer to FtPC and commencement of inquiry. 21 weeks. • Median time completion of inquiry to Council decision on sanction – 7.5 weeks. • Accreditation • 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 (yet to be defined, 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 (yet to be defined, 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 (yet to be defined, 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.
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	• ICT • Quarterly assessment of business critical ICT services to confirm core services fully operational not less than 100% of time.
	• Professional Competence ▪ Average duration of Performance Assessment per quarter versus target. ▪ Number of compliance audits per quarter versus target
Interaction response & process completion <u>effectiveness</u>	• Registration • % of Appeals related to applications to Specialist Division reduced from 60% of refusals by 10% in 2011, 10% in 2012 and 10% in 2013 resulting in an average of 30% with an associated reduction in legal fees.
	• Complaints & Inquiries • Annual analysis of % of appeals and % of successful appeals against decisions made by PPC; FtPC, Council Sanctions; Section 60 Applications.
	• Accreditation • 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)
	• ICT • Quarterly assessment of ICT services to users (voice and data services during core work hours) against benchmark of 100%.
	• Professional Competence ▪ 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	- 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).
Performance	80% of staff meet and/or exceed objectives identified as part of the annual performance management and development process.
Staff Satisfaction	Achieve 80% staff satisfaction level by 2013 assessed through annual survey (post benchmark).

• 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	Achieve 10% diversification of revenue sources by 2013. (Registration revenue currently accounts for 95% of Medical Council revenue).
Operational Efficiencies Achieved	Achieve operational cost savings of 7.5% by 2013 on discretionary (i.e. non-fixed) expenditure.

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. Behavior - extent of behavior 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

Operational Challenges for 2011

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

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

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

These include;

- **Business Plan Implementation:** this is the first full-year business plan for the Medical Council and its scale is challenging. The plan contains a number of new commitments for delivery by the Executive and requires a high degree of support for implementation from Council members. To monitor and report on the implementation of the Plan a number of new processes and measures will need to be designed and introduced in 2011. The monitoring and evaluation process represents a significant piece of work in itself.
- **Staff numbers:** a key risk to delivery of planned service levels in 2011 is the impact of the general moratorium on recruitment and promotion. The organisation will seek to address this risk through mapping staff resources to operational need, redeploying staff where necessary and outsourcing of discrete tasks/projects. It is acknowledged that a broader piece of work on optimising the use of Medical Council staffing resources will need to be undertaken in time. However, for 2011, any negative impact on staffing levels that may occur in 2011 will be monitored for adverse impact on operational delivery.
- **Financial Resourcing:** total income earned by the Medical Council could decline in 2011. To mitigate against this risk the financial projections supporting this Business Plan include challenging income generation targets, value for money/cost reduction and efficiency measures. Continuous financial monitoring, new procurement processes and tight controls over expenditure are to be enhanced across the organisation.
- **Legal challenges/appeals:** The boarder range of decision making functions vested with the Medical Council may lead to an increased number of legal challenges or appeals being taken in 2011. In addition to ensuring the robustness of internal processes and procedures a moderate reserve fund has been ring fenced for this purpose.
- **Professional Competence:** This will be the first year in which the professional competence function of the Medical Council becomes operational and challenges arise in meeting significant new functional demands within a challenging fiscal and human resources environment. Requirements to maintain competence may impact on the number of medical practitioners who choose to register with the Medical Council, in particular those who are overseas and those who are retired from active clinical practice. Financial forecasts to support implementation of this Business Plan may in turn be impacted by these new registration dynamics. Finally, the Medical Council is cognisant of the need to review implementation of these new functions once operational and, in the medium term, the question of reforming registration functions with necessary legislative support to better underpin regulation of the maintenance of professional competence through, for example, annual practicing certification or licensing and revalidation.

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

Aligned with the strategic objectives, our key operational challenges for 2010 are:

Education and Training

- The application of new and / or more transparent standards, criteria and guidelines to accreditation activity will be complex
- Ensuring that the *quality* of accreditation is not compromised by the *quantity* of accreditation will be demanding
- The appropriate training, expertise and active contribution of assessors will largely influence the value and outcome of the accreditation processes, and arrangements must be in place to facilitate this
- Availability of Assessors and Council Members will directly impact upon the planned numbers of visits undertaken during year
- It will be important to plan for the training of assessors in a timely fashion to allow for full suite of visits and inspections to take place
- In relation to the new programme of postgraduate accreditation, it will be a challenge to overcome the logistical issue associated with any new process, including stakeholder engagement

Registration

- A new Head of Registration will be in post in early 2011 requiring training and induction into the role.
- To better support medical practitioners, at every stage of the registration process, new online registration applications and other improved online facilities are planned for implementation early in 2011
- The Registration Section will be responsible for developing the criteria for assessing and granting/refusing specialist registration and for developing a new application process for specialist registration which implements Council policy and supports applicants
- The Section will need to contribute to and facilitate an important national project to develop an online database of NCHD posts for use by key stakeholders

Professional Competence

- Maintaining and further developing public and professional support for the effective implementation of Part 11 of the Medical Practitioners Act 2007 in a short time frame will present a significant challenge.
- Working constructively with bodies, particular postgraduate training bodies will be essential for the timely establishment of Professional Competence Schemes to support the effective implementation of Part 11 of the Medical Practitioners Act 2007.
- Balancing the challenges of ensuring timely establishment of a Professional Competence Scheme for Performance Assessment with that need to ensure robust and defensible processes.

Professional Standards

- Effective management of an increasing number of complaints and inquiries present significant challenge to providing the adequate time and attention to detail the work requires.
- 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
- It will be important that the Section undertakes an assessment of its staffing requirements to ensure staff at the appropriate level or grade matches the demands of the work and workload.

- The increasing number of Public Inquiries held at Kingram House present logistical problems the management of which will require increasing planning in 2011.

Support Services

- Effective management of all relevant communications and documentation for Council members by the Corporate Services Section in order to ensure that Council meetings are run effectively and that the business of Council is delivered in a timely manner.
- In accordance with the objectives set out in the Council's Statement of Strategy the implementation of the Medical Council's Communications Strategy 2011 must address the current deficit in awareness and understanding of the Council's roles and functions amongst key stakeholder groups.
- Financial focus on identifying alternative income streams in order to diversify the existing revenue base. The identification of such alternative streams will reduce the reliance on the existing registration revenue base;
- The progression of the decision to purchase or continue to rent Kingram House is a priority for the Finance Section as is the achievement of a significant rent reduction to reflect the prevailing market conditions;
- Effective management of the internal audit process to ensure that the increased recommended number of internal audits are completed and reported to the Audit Committee on a timely basis;
- In order to ensure the ongoing financial security of the Medical Council into the future the Finance Section will be responsible for the development of a comprehensive 5 year Financial Strategy;
- To ensure that the Medical Council procurement function operates in accordance with best practice as outlined in the National Public Procurement Policy Framework and the Medical Council's procurement plan and supports effective value for money purchasing while ensuring probity, accountability and best practice;
- That continuous assessment of the infrastructure reliability within Kingram House be carried out and that disruptions to the infrastructure be minimised through the implementation of preventative maintenance;
- The Operations & ICT Section will undertake regular workplace reviews to ensure that its "Safety Statement" is being adhered to and that the Council is in full compliance with Health and Safety obligations and commitments as instructed by the *Safety, Health and Welfare at Work Act 2005*.
- Development of a HR strategy covering all aspects of HR activity including the development, motivation of staff, ensuring the most effective utilisation of resources and capability to discharge our obligations including succession planning. This strategy must be 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.
- It will be important to develop a suitable system to monitor and update on a timely basis all relevant HR policies and employment legislation in order to ensure that any HR and IR related matters are managed appropriately.

Our work and the wider health system

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

- **Building a culture of patient safety in Ireland:**
The Council has welcomed the report of the Commission on Patient Safety and Quality Assurance, "*Building a Culture of Patient Safety*". The Medical Council, at its meeting on 19th October 2010, agreed to become a signatory to the Patient Safety First Initiative. We are a partner on the Implementation Steering

Group which was established by the Minister for Health and Children to drive necessary change arising from this report. We are also a partner on the Forum of Health and Social Care Regulators which seeks to share best practice and advance common interests for the benefit of the public. This involves a commitment from the President and Council representatives to the Implementation Steering Group. In addition, the Head of Finance and Head of Professional Standards are leading two project groups relating to Credentialing & Privileging and Professional Regulatory Bodies.

- **Reform of medical education and training in Ireland:**

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

- **Partnerships for better regulation**

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

- **Strengthening international cooperation:**

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

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

Financial Position 2011

The Medical Council Financial Position 2011

Income

Annual retention fees	8,032	84.95%
Application fees & miscellaneous income	1,249	13.21%
Investment income	174	1.84%
	<u>9,455</u>	

Expenditure

Payroll costs	3,210	34.59%
Legal expenses	2,537	27.34%
Rent and rates	939	10.12%
Council/Committee & Staff meeting and T&S expenses	363	3.91%
Depreciation	652	7.03%
Premises costs	406	4.38%
Other operating/administrative costs	1,173	12.64%
	<u>9,280</u>	

Operating surplus/ (deficit) for the year

175

Summary of the 2011 Financial Position

The Medical Council has forecasted income of €9.4m for 2010. The Medical Council invoiced approximately 18,400 Doctors in July 2010 amounting to €8m covering the retention year July 2010 to June 2011. Budgeted income for 2011 is anticipated to be approximately €9.9m which is a 5% increase on forecasted income for 2010. There is no anticipated increase in the annual retention fee charged to doctors for 2011 and accordingly the budget has been prepared on this basis. It is also important to note that the Medical Council is focusing on ways of diversifying its revenue base in order to reduce the reliance on registration related income and to identify alternative revenue streams as a means of counterbalancing the increased expenditure base outlined below.

Expenditure for 2010 is forecasted to be in the region of €9.2m. Budgeted expenditure for 2011 is €10.3m, a 10.4% increase on the 2010 forecast. The main reason for this increase is due to a number of one-off initiatives such as implementation of Part 11 (maintenance of professional competence) of the MPA 2007 and the accreditation of a number of Medical Schools and Training Bodies (part 10 of MPA, 2007). Legal fees are also due to increase as a result of the expected increase in inquiry days in 2011. Other operating/administrative costs of €1.6m, outlined in the budget 2011 above, comprise expenditure associated with the implementation of Part 11 of the MPA, 2007 and the accreditation of a number of Medical Schools and Training Bodies, consultancy costs, research costs and surveys, printing and stationery, IT costs, maintenance costs, catering costs and other costs associated with discharge of the duties of the Medical Council as outlined in the MPA, 2007.

The surplus for 2010 is forecasted to be €175k whereas the budget for 2011 is indicating a deficit of €376k. It is important to note that the surplus for 2010 and 2011 does not include a statutory FRS 17 adjustment for future pension liabilities as this distorts the true "operating" results of the organisation. The deficit for 2011 is also arrived at after charging depreciation which is a non cash expenditure item. 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 potential acquisition of new premises for the Medical Council. A final decision on this matter is due to be made in Q1 2011.

Capital Expenditure 2011

The Medical Council Capex 2011	Budget 2011 €'000
<u>Fixtures and Fittings</u>	
Miscellaneous	8,000
<u>Computer Equipment</u>	
IT Hardware	20,000
IT Software	10,000
Software for Helpdesk	10,000
Electronic Purchasing	10,000
Domain Controller Project	10,000
NICS Modules & Change Requests - Phase 1	20,000
NICS Modules & Change Requests - Phase 2	5,000
NICS My Registration Rules	10,000
NICS My Doc Area	25,000
NICS Professional Competence	40,000
NICS NCHD Project	5,000
	173,000

2011 Operational Plans by Section

Education and Training

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

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

Strategic Objective (SO)	Actions	Target Timescale	KPI/Deliverables
SO 1.1) Define and publish appropriate standards for undergraduate, intern and postgraduate education, training and assessment & SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance	Complete and publish all the criteria standards and guidelines required under Part 10 of the MPA 2007	Q1 to Q4	Implementation of accreditation process for five year programmes at UCC, UCD, NUIG, TCD and RCSI in Ireland; for UL graduate entry programme; and for UCC / NUIG Alliance Medical School and for RCSI Bahrain
SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance	Complete accreditation process for all five year undergraduate programmes (UCC, UCD, NUIG, TCD and RCSI in Ireland) and associated bodies; for first cohort of UL graduates; and for two overseas medical schools (Alliance Medical School and for RCSI Bahrain)	Q2	Medical Council is compliant as per Section 49 (1) & (2) of the MPA
SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance	Fulfill legislative requirements in order to grant certificates of experience to interns, including the inspection of all training sites with intern posts proposed by the HSE and approved by Council	Ongoing	PRES remains fit for purpose Level 2 Assessments conducted Q1 to Q4 Level 3 Assessments conducted three times in 2011 (dependent upon candidate numbers)
SO 1.4) Ensure an appropriate process for assessment and registration of other EU and non-EU doctors. SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance	Redevelop and administer the examination to regulate entry to the Register by non-EU medical practitioners (PRES). Complete Medical Council accreditation process for five of the currently recognised thirteen training bodies and their associated programmes	Q4	Accreditation of five postgraduate training bodies and their associated programmes

Strategic Objective (SO)	Actions	Target Timescale	KPI/Deliverables
SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance	Determine eligibility for progression to stage two in process of recognition of new specialties	Q4	Stage 1 assessments completed within six months of receipt of requested information from body. (NOTE: Stage 2 review processes are completed within nine months from completion of Stage 1)
SO 1.2) Develop and implement a process to review education and training standards to ensure ongoing appropriateness.	Develop a transparent appeal process for all accreditation for Sections 88 & 89	Q1	Appeal process in place and compliant with Section 90 MPA

Houses of the Oireachtas

Registration

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

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

Strategic Objective (SO)	Actions	Target Timescale	KPI/Deliverables
SO 1.4) Ensure an appropriate process for assessment and registration of other EU and non-EU doctors.	Implement findings arising from review of Code of Conduct for competent authorities falling under EU Directive 2005/36/EC	Q2	Complying adequately with code of conduct
SO 2.1) Ensure appropriateness of the registration framework, including the divisions and processes relating to registration and retention of registration.	Publish and implement new Registration Rules	Q1	Rules sent to Minister and to HSE and freely available on website.
SO 2.1) Ensure appropriateness of the registration framework, including the divisions and processes relating to registration and retention of registration.	Set criteria for specialist registration	Q2	Criteria for specialist registration are freely available on website and used by stakeholders in applying for and assessing applications.
SO 2.2) Provide ongoing advice to doctors on matters relating to the register, appeals, inquiries and other relevant areas.	Complete and publish Guide to Registration; including the development of information and facilities on the Medical Council website	Q1	Comprehensive set of useful FAQs published; MyDoc registration facility operational; Efficient appeal process established.
SO 5.3) Develop and implement a comprehensive strategy for engagement with other stakeholder groups.	Develop and implement a comprehensive strategy for engagement with other stakeholder groups	Ongoing	Meet with minimum 5 key stakeholders - Recruitment agencies; METR; MMM Group; Forum of PGTB's; Final Year Med Students

Strategic Objective (SO)	Actions	Target Timescale	KPI/Deliverables
SO 6.4) Ensure that organisational processes are effective and user friendly	Examine potential use of ICT systems for registration;	Q1	All available ICT supports are utilised
SO 6.4) Ensure that organisational processes are effective and user friendly	Planning sufficiently to ensure a smooth peak period	Q3	All applications processed within 6 weeks

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Professional Competence

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

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

Strategic Objective (SO)	Actions	Target Timescale	KPI/Deliverables
SO 3.1) Develop and implement professional competence schemes & SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance	Council publishes Part 11 rules/standards which have been reviewed and revised post consultation	Q1	Part 11 rules published
SO 3.1) Develop and implement professional competence schemes & SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance	Council recognises aspirant Part 10 approved bodies for purpose of Part 11	Q1	List of bodies recognised under Part 11 published
SO 3.1) Develop and implement professional competence schemes	Formalise and publish arrangements with bodies recognised under Part 11 rules/standards	Q2	Arrangements signed between Medical Council and bodies recognised under Part 11 and published.
SO 3.1) Develop and implement professional competence schemes	Finalise key professional competence scheme operational policy and procedures for inclusion in agreements with recognised bodies	Q2	Key professional competence scheme operational policy and procedures for included in agreements
SO 3.1) Develop and implement professional competence schemes	Engage with appropriate stakeholders to understand their information needs in relation to supporting the effectiveness of PCS	Q2	No. articles in medical and national media regarding professional competence schemes (maintenance) Percentage increase in registrant knowledge of professional competence requirements versus Q4 2010 baseline
SO 3.1) Develop and implement professional competence schemes	Communicate through a range of media with appropriate stakeholders to meet their information needs in relation to supporting the effectiveness of PCS	Q2	Communication Action Plan developed and implemented

Strategic Objective (SO)	Actions	Target Timescale	KPI/Deliverables
SO 3.1) Develop and implement professional competence schemes	Develop and implement procedure for monitoring registrants through annual declaration	Q4	Annual declaration question devised
SO 3.1) Develop and implement professional competence schemes	Appraise options for the management of professional competence requirements for doctors with PGTB alignment difficulties	Q2	Options appraisal for management of professional competence requirements for doctors with PGTB alignment difficulties and preferred option selected.
SO 3.1) Develop and implement professional competence schemes	Develop and implement plan for management of professional competence requirements for doctors with PGTB alignment difficulties	Q3	Plan to manage the professional competence requirements for doctors with PGTB alignment difficulties in place and implementation commenced.
SO 3.1) Develop and implement professional competence schemes	Ensure Professional Competence Modules in NICS development Plan	Q4	NICS development plan contains reference to Professional Competence functional (for 2012)
SO 3.1) Develop and implement professional competence schemes	Draft and agree contract between Medical Council and Subject Matter Expert for implementation of performance assessment	Q1	Contract between Medical Council and Subject Matter Expert for implementation of performance
SO 3.1) Develop and implement professional competence schemes	Include support for performance assessment in agreement with bodies recognised under Part 11	Q2	Agreements signed between Medical Council and bodies recognised under Part 11 including support for performance assessment
SO 3.1) Develop and implement professional competence schemes	Open call for interested persons to act as medical and lay assessors	Q1	Pool of potential medical and lay assessors identified (number and % of target)
SO 3.1) Develop and implement professional competence schemes	Develop performance assessment manual	Q2	Performance assessment manual in place
SO 3.1) Develop and implement professional competence schemes	Develop performance assessment report template	Q2	Performance assessment report template in place
SO 3.1) Develop and implement professional competence schemes	Develop policies, procedure and guidelines for performance assessment operational processes	Q2	Set of policies, procedure and guidelines for performance assessment operational process
SO 3.1) Develop and implement professional competence schemes	Train pool of potential medical and lay assessors and determine eligibility for appointment to cases	Q3	Trained and quality assured assessors eligible for appointment to cases (number and % of agreed target)
SO 3.1) Develop and implement professional competence schemes	Develop arrangement for trained assessors to be appointed to cases	Q3	Arrangement between for trained and eligible assessors drafted and signed between Medical Council and assessors
SO 3.1) Develop and implement professional competence schemes	Train in-house case managers	Q2	Number of trained in-house case managers versus target

Strategic Objective (SO)	Actions	Target Timescale	KPI/Deliverables
SO 3.1) Develop and implement professional competence schemes	Develop and implement communications and engagements to support effective implementation of performance assessment	Q3	Number of articles in medical media regarding performance assessment Guide to performance assessment published for registrants, public and employers Number of engagements regarding performance assessment (%) versus planned)
SO 3.2) Develop and implement a process to review the effectiveness of the professional competence schemes and make improvements as required.	Develop and obtain approval for a protocol for review of the effectiveness of professional competence scheme.	Q4	Protocol for review of effectiveness of professional competence schemes approved for implementation by Council
SO 3.2) Develop and implement a process to review the effectiveness of the professional competence schemes and make improvements as required.	Complete options appraisal on in-house versus commissioned review and seek approval on recommendations by Council	Q4	Decision made whether review will be conducted in-house or commissioned

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 three senior executive officers, two executive officers and one clerical officer.

Strategic Objective (SO)	Actions	Target Timescale	KPI/Deliverables
SO 4.2) Ensure the ongoing delivery of effective, fair and transparent complaints processes	Ensure complaints managed by the Preliminary Proceedings Committee are dealt with in an efficient and transparent manner.	Ongoing	Preliminary Proceedings Committee decision made within 6 months of receipt of complaint. Complainant and RMP informed of decision within this timeframe.
SO 4.2) Ensure the ongoing delivery of effective, fair and transparent complaints processes	Review Standard Operating Procedures (SOP) to support Preliminary Proceedings Committee Processes.	Q1	Agreed SOPs for agenda and brief preparation in place
SO 4.2) Ensure the ongoing delivery of effective, fair and transparent complaints processes	Review the Standard Operating Procedures for drafting opinions for Council following decision by the Preliminary Proceedings Committee.	Q1	Agreed SOPs for drafting of opinions in place.
SO 4.2) Ensure the ongoing delivery of effective, fair and transparent complaints processes	Establish a panel of mediators to support Preliminary Proceedings Committee Processes. Develop and provide guidelines and suggested pro forma forms of agreements to mediate.	Q1	Mediator panel and arrangements for mediations in place.
SO 4.2) Ensure the ongoing delivery of effective, fair and transparent complaints processes	Prepare & Present the evidence for inquiries conducted by Fitness to Practise Committee (FTPC)	Ongoing	Attend Council for hearings on sanction following findings by FTPC.
SO 4.2) Ensure the ongoing delivery of effective, fair and transparent complaints processes	Ensure effective monitoring of RMP's with conditions attached to registration.	Ongoing	Monitoring group has all the necessary information & support to enable it to determine at a doctor is compliant with his/her conditions

Strategic Objective (SO)	Actions	Target Timescale	KPI/Deliverables
SO 4.2] Ensure the ongoing delivery of effective, fair and transparent complaints processes	Appoint and train a panel of Investigator(s) to support Preliminary Proceedings Committee processes.	Q1	Panel established Investigator(s) trained
SO 4.2] Ensure the ongoing delivery of effective, fair and transparent complaints processes	Finalise report on the training & development requirements for PPC, FtPC and Council members on complaints management and implement recommendations	Q2	Report Finalised All agreed recommendations implemented
SO 4.2] Ensure the ongoing delivery of effective, fair and transparent complaints processes	Assess implementation of the 2010 PPC Review and establish further recommendations based on outcome Conduct yearly feedback exercise of PPC decisions and implement recommendations arising from the yearly feedback exercise	Q1 and Q4	Report with regard to implementation of PPC review 2010 finalised. All agreed recommendations implemented Yearly feedback exercise completed
SO 1.1] Define and publish appropriate standards for undergraduate, intern and postgraduate education, training and assessment.	Develop and seek approval for supplemental guidance on specific issues highlighted in the Ethical Guide.	Q2	Supplemental Guidance Developed on 2 agreed issues
SO 1.1] Define and publish appropriate standards for undergraduate, intern and postgraduate education, training and assessment.	Undertake a joint project with the Pharmaceutical Society of Ireland on the development of guidance for RMP's & Pharmacies on prescribing and dispensing	Q4	Draft guidance document developed
SO 6.7] Optimise the use of Medical Council resources.	Provide Legal Advice to Council and all other sections on their statutory functions, obligations, duties, and powers under the Act as required.	Ongoing	Accurate and timely legal advice provided to Council, Council Committees and Individual Functions when requested.

Corporate Services

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

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

Strategic Objective (SO)	Actions	Target Timescale	KPI/Deliverables
SO 5) Engage proactively with the public, profession and other stakeholders	Implement a comprehensive Communications Strategy (to include a stakeholder engagement plan) for the Medical Council for 2011 to support four key objectives for external (5.1), (5.2) (5.3) and internal communications.	Ongoing	Communications Strategy implemented. Baseline and repeat studies to assess effectiveness of strategy across all key objectives designed and implemented.
SO 5.1) Develop a comprehensive strategy for public engagement	Implement a communications plan for public engagement to include media relations, publications, on-line activities, events and other engagements.	Ongoing	Communications plan for engagement with the public implemented Baseline and repeat study to assess Public Confidence and Public Awareness designed and implemented
SO 5.2) Develop a comprehensive strategy for engagement with the medical profession	Implement a communications plan for engagement with the medical profession to include specific actions to support the introduction of Professional Competence	Ongoing	Communications plan for engagement with the medical profession implemented Baseline and repeat studies to assess Professional Awareness and Confidence in the Medical Council designed and implemented. Medical Council Conference on Professional Competence held Education Seminars developed and implemented on 3 topics by year end
SO 5.3) Develop a comprehensive strategy for engagement with other stakeholder groups	Implement a communications plan for engagement with other stakeholder groups	Ongoing	Communications Plan for engagement with other stakeholders implemented Meetings held with 3 opposition spokespeople by year end Presentation made to Joint Committee on Health & Children

Strategic Objective (SO)	Actions	Target Timescale	KPI/Deliverables
			At least one meeting held with Minister for Health & Children Minimum of 4 speaking engagement secured at national conferences/events conducted by relevant stakeholders 2010 Annual Report completed, published and launched
SO 5) Engage proactively with the public, profession and other stakeholders	Development & Publication of Annual Report 2010	Q2	
SO 6.7) Optimise the use of Medical Council resources	Co-ordinate the development of the 2012 Business Plan	Q4	Business Plan completed and tabled for Council approval
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Develop comprehensive Corporate Governance Framework and Manual for the Medical Council and seek approval from the Corporate Governance Working Group and Council.	Q2	Medical Council Framework and Manual approved and in place. Corporate Governance Working Group to meet on 3 occasions in 2011
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Put in place systems to ensure compliance across the organisation against Corporate Governance Framework and Manual. Review and update Corporate Governance Manual in good time as legislative and other changes arise and seek approval.	Q4	All appropriate corporate governance systems and structures are in place in good time and are fully compliant
SO 6.3) Embed a 'service-user' focus within the functions and activities of the Medical Council.	Conduct a review and satisfaction survey covering all aspects of Council meeting and meeting documentation/material (including content, presentation and dissemination) to ensure these are fit for purpose.	Q2	Review completed and recommendations implemented. Satisfaction Survey completed. Targets agreed as part of the review process achieved.
SO 6.4) Ensure that organisational processes are effective and user-friendly.	Providing media with accurate and timely responses to queries	Ongoing	Accurate information is provided within the same day in which the query was received.
SO 6.3) Embed a 'service-user' focus within the functions and activities of the Medical Council.	Undertake a project to assess Medical Council Online Communications (Web, E- newsletter etc) user friendliness. Implement recommendations for revision, improvement and enhancement.	Q4	Project completed and recommendations accepted. Online communications updated constantly 4 E-newsletters disseminated on time as scheduled Online performance is monitored and reported on.

Strategic Objective (SO)	Actions	Target Timescale	KPI/Deliverables
SO 6.4) Ensure that organisational processes are effective and user-friendly.	Oversee the management of all FOI requests	Ongoing	All FOI requests completed within required timeframes.
SO 6.4) Ensure that organisational processes are effective and user-friendly.	Ensure SEO Group meetings are run as efficiently and effectively as possible.	Q1-Q4	SEO Group to meet a minimum of 4 times in 2011 SEO Group to operating effectively and enhancing the operational efficiency of Executive function.

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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) and Corporate Governance Working Group (CGWG).

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

Strategic Objective (SO)	Actions	Target Timescale	KPI/Deliverables
6.6) Ensure ongoing financial security of the Medical Council	Examine means of achieving cost savings and efficiencies in operational overheads.	Q4	Achieve 2.5% saving on non-fixed overhead expenditure compared with 2010 actual equivalent.
6.6) Ensure ongoing financial security of the Medical Council	Progress the decision to purchase or continue to rent Kingram House and achieve a significant reduction in annual rent to reflect current prevailing market conditions.	Q1	Decision made based on lowest possible purchase price or rent reduction to current market rate.
6.6) Ensure ongoing financial security of the Medical Council	Ensure good financial management practices and risk management are constantly reviewed in line with best practice.	Q1	Monthly management reports prepared and circulated to management and Audit Committee/Council.
6.6) Ensure ongoing financial security of the Medical Council	Develop a 5 year financial strategy to ensure ongoing financial security for the Medical Council	Q3	5 year financial strategy approved by Audit Committee and Council in place.

Operations & ICT

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

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

Strategic Objective (SO)	Actions	Target Timescale	KPI/Deliverables
SO 6.4) Ensure that organisational processes are effective and user friendly.	Develop and Implement ICT Disaster Recovery Plan	Q3	Fully functional and operational ICT Disaster Recovery plan developed and implemented.
SO 6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate	Online HR System Complete Rollout to all staff.	Q1	Online HR system is operational and in use
SO 6.6) Ensure ongoing financial security of the Medical Council	Develop document retention schedule.	Q3	Document retention schedule in place.
SO 6.4) Ensure that organisational processes are effective and user friendly.	Develop and implement Asset Management System	Q1	Fully operational Asset Mgt System implemented.
SO 6.6) Ensure ongoing financial security of the Medical Council	Implement electronic Requisitioning / Purchasing System	Q1	Fully functional Purchasing System implemented
SO 6.4) Ensure that organisational processes are effective and user friendly.	Provide operational and ICT business critical support	Ongoing	Best practice operational and ICT business critical support in place
SO 6.4) Ensure that organisational processes are effective and user friendly.	Establish Centralised Procurement Unit	Q1	Procurement Unit established
SO 6.4) Ensure that organisational processes are effective and user friendly.	Records management system in place supported by the document management system and Date Protection requirements in place	Q2	System in place and operational. Data Protection Policy and requirements in place
SO 6.4) Ensure that organisational processes are effective and user friendly.	Develop and Implement new NICS Modules for New Registration Rules	Q1	Module implemented and fully functional.

Strategic Objective (SO)	Actions	Target Timescale	KPI/deliverables
SO 6.4) Ensure that organisational processes are effective and user friendly.	Implement new NICS Website Module	Q1	My Doc page implemented and fully functional.
SO 6.4) Ensure that organisational processes are effective and user friendly.	Specify, develop and implement NICS module for the professional competence schemes.	Q2	Professional Competence Module implemented and functional.
SO 6.4) Ensure that organisational processes are effective and user friendly.	Review of NICS phases and identify any necessary system changes or new recommendations	Q3	System has been reviewed, changes identified and implemented if required.
SO 5.3) Develop and implement a comprehensive strategy for engagement with other stakeholders groups	Data Upload to NICS from the NCHD Database relating to Registration in training posts.	Q2	Data is being utilised and training posts are being updated.

Human Resources

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

Strategic Objective	Actions	Target Timescale	KPI/Deliverables
6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate.	Develop and implement a new HR Strategy to include specific components: Performance Development System (PDS), training needs analysis, training programme roll out, staff satisfaction measures, comprehensive HR policies including equality and diversity	Q4	HR Strategy in place
6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate.	Develop HR Management Information	Q1	Management Information system in place with data being used to inform decision making at monthly management team meetings

Cross-organisational

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

Strategic Objective	Actions	Target Timescale	KPI/Deliverables
SO 1) Set and monitor standards for medical education, training, conduct and ethics	Ensure compliance with the Medical Practitioners Act 2007 in order to fully support the achievement of the objectives outlined in the Statement of Strategy namely through –	Q1	Annual Audit Completed
SO 2) Support doctors in attaining and maintaining their registration	Conduct an Annual Audit of the MPA (2007) to assess levels of compliance/non compliance Lead responsibility: Professional Standards	Q1 Q2	Action plan for addressing issues devised and implemented
SO 4) Set and monitor standards for maintenance of professional competence	Undertake actions and activities to support amendments being made to the MPA 2007. Review and update documentation on amendments and submit to the DoHC Lead responsibility: Professional Standards	Q1	Review undertaken and document submitted
SO 4) Take appropriate action to protect the public where standards are not being met by individual practitioners	Arrange a series of briefing meeting and with key individuals in the Department of Health and Children and commission briefing materials as appropriate. Lead Responsibility: CEO	Ongoing	Programme of meetings to be undertaken with the Department of Health and Children related to the amendments. Series of meetings arranged and all required documentation provided Required amendments achieved
SO 6) Ensure that the organisations key processes and procedures are efficient and effective	Conduct a high level review of the Organisation (or parts thereof) to ensure it is fit for purpose to deliver on the Statement of Strategy and as part of this review assess critical processes and procedures to gauge their effectiveness. Develop a plan to address gaps/deficiencies arising. Lead Responsibility: CEO	Q2	Review of Organisation Completed Critical processes identified Actions planned to address gaps/deficiencies in processes and procedures
SO 2) Support doctors in attaining and maintaining their registration	Develop and implement a project plan to ensure all RMPs are fully compliant with the Annual Declaration process Lead Responsibility: Registration	Q3	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.	Establish a specific Project Board to effectively support the implementation of a range of cross organisational NICS related projects Lead Responsibility: Operations/ICT	Q1	Project Board established and all NICS related projects managed and delivered as per Business Plan commitment
SO 6.3) Embed a 'service-user' focus within the functions and activities of the Medical Council Customer Services Unit	Establish Medical Council Customer Service Unit Lead Responsibility: Operations/ICT	Q4	Customer Service unit set up

Appendix

Review of the implementation of the Q3 & Q4 2010 Business Plan

Highlights and Key Activities

The Medical Council approved its first Statement of Strategy in July 2010. A formal Business Plan covering the period July – December 2010 (Q3 and Q4) was submitted to the Department of Health and Children in September 2010. The main areas of activity during this period 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 standards were refined in 2010. A discussion document on customising the World Federation for Medical Education (WFME) Basic Standards was circulated to the Basic Medical Qualification Working Group (BMQWG) for comment in December and was finalised. It will be presented to Council in January 2011.

A number of standards were published in 2010. The required standards and guidelines for granting Certificate of Experience for interns have been published and have been supplemented by information for final year students who are intending to take up an internship overseas. Postgraduate standards were published and are available on the Council website. These will form the basis of the postgraduate accreditation process.

Ethical standards and behaviour for students were published and these are also on the Medical Council website. A user-friendly leaflet has been produced for students. Students have been identified as a priority in Education & Training communications, and the focus will be on these guidelines as well as on the "usual" Council / student issues of accreditation of medical programmes and registration as an intern.

Policies and procedures for accreditation of programmes, bodies, specialties and clinical training sites have been produced and will be submitted to Council in January 2011.

The Council also undertook a number of inspections in 2010. 2 revisits to provisionally-approved Graduate Entry Programmes took place; the third (to UCD) had to be unavoidably deferred due to the closure of the UCD campus in bad weather conditions; it has been re-scheduled for late January 2011. A number of relevant training sites (undergraduate, intern and postgraduate) were also inspected. Those inspected in Q4 2010 included sites in Cork, Clonmel, Tralee, Limerick, Tullamore, and Ballinasloe.

A Pilot has been commenced to facilitate the review and accreditation of postgraduate programmes and bodies. An Information / Q & A session has been arranged for the Postgraduate Training Bodies in late January 2011.

Guidelines for the recognition of new medical specialties have been produced and considerable progress beyond that was made in Q4, with an information / Q & A session for aspirant specialties in October 2010, and a self-assessment questionnaire sent to aspirant specialties for completion.

Recruitment of external assessors continued throughout Q3 and Q4, with a new Assessment Sub-Committee consisting of all Council members and all external assessors approved by Council in

December 2010. So far the induction has been on a case by case basis but a generic induction programme is being developed.

A review of the methodology and content of PRES level 2 and 3 took place and has already resulted in improvements in the format of the final PRES exams of 2010; a report has been produced on those exams, with a generic report to follow.

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

The Registration Working Group agreed on draft Criteria for Specialist Training and Experience for Assessments for specialist registration. These criteria were sent to the Forum of Postgraduate Training Bodies in December for feedback by 14th January 2011. The Working Group will consider the Forum's feedback at its first meeting in 2011 and expects to recommend draft Criteria to the Standards in Practice Committee early in 2011.

A legal review of the Council's compliance with the Medical Practitioners Act prompted a review of the Registration Rules. The Registration Working Group considered legal advice concerning the Registration and PRES Rules made in 2009 and decided to recommend the adoption of a revised set of Registration Rules, which only make rules where specifically required to do so by the Act. The remaining issues previously dealt with in the rules are mostly dealt with in the new revised Guide to Registration recommended by the Working Group. The Council approved the draft new rules in July 2010 and a public consultation on these rules was carried out between 3rd August and 14th September 2010. The Working Group considered all of the feedback received following the public consultation, including meeting some key stakeholders. The Working Group made recommendations to the Standards in Practice Committee which, in turn, made recommendations to Council and the new Registration Rules were adopted by Council on 10th December 2010 and are effective as of 1st January 2011.

A new Guide to Registration was developed and agreed by the Committee, on the recommendation of the Registration Working Group. A key recruitment agency was requested to provide feedback prior to publication. With the agency's endorsement, the new Guide was published in late December 2010. The new Guide is a substantial but comprehensive document, which deals with every aspect of registration, from application, to maintaining registration, to withdrawing or being removed from the Register and restoring a doctor's name to the Register. The Guide also provides information for employers and is available to download from the Council's website. A questionnaire will be developed as part of the Council's Communication Strategy in 2011.

The Council makes twice-daily updates from its Register to its website. 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 Act and its section 11 Rules Specifying Particulars to be Contained in the Register.

The Council intends publishing statistical data regarding the Register of Medical Practitioners at least twice annually. For technical reasons, it was not possible to produce statistical data until November 2010, however, the Council expects that, in future, the data can be produced in January and July each year.

A student placement in the latter half of 2010 has enabled the Medical Council to undertake research on appropriate relationships between doctors and pharmaceutical and medical device companies and other commercial enterprises. The Ethics Working Group is expected to reconvene

in early 2011 to consider this matter in detail and make recommendations to the Standards in Practice Committee.

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

The Minister for Health & Children, Ms Mary Harney T.D., signed an order bringing Part 11 of the Medical Practitioners Act, 2007 – Maintenance of Professional Competence - into effect from Saturday 1st May 2010. Commencement of this legislation places a new statutory duty on registered medical practitioners to maintain their professional competence. By May 2011, all registered medical practitioners will be legally obliged to be enrolled in Professional Competence Schemes. The Council has established governance structures to direct the implementation of a system for regulation of the maintenance of professional competence in line with Part 11 of the Act and Council policy.

Draft rules and associated standards were developed for maintenance of professional competence in Q3 2010. The rules and associated standards give effect to the Medical Council's policy for the implementation of Part 11 of the MPA 2007- Maintenance of Professional Competence and were approved for publication in draft form by the Medical Council on 19th of October 2010. In line with provisions of Section 11 of the MPA 2007, interested parties were invited to provide comments between from 27th October 2010 to 30th November 2010. This consultation process was supported with actions arising from the Professional Competence Communication Strategy. All comments received were considered in Q4 2010 and recommendations with respect to making of rules and associated standards for maintenance of professional competence were made to the Medical Council at its meeting on 18th January 2011.

To support the effective implementation of Part 11 of the MPA 2007 – Maintenance of Professional Competence, a communication strategy was developed in Q3 2010. The principle objectives of the communication strategy were as follows:

- To encourage all RMPs to enrol in a suitable professional competence scheme by 1st May 2011;
- To encourage the PGTBs to develop and implement effective professional competence schemes by 1st May 2011 which are accessible to all RMPs;
- To secure political and public support for the Medical Council's system for the maintenance of professional competence.

Actions arising from the strategy have been implemented. Key deliverables for 2010 were support for the public consultation on draft rules and standards for the maintenance of professional competence and included media engagement, a survey of registrants, and workshops with registrants and patient representatives. Implementation will continue in 2011.

The Medical Council invited applications from eligible bodies, approved under Part 10 of the MPA 2007, for recognition for the purpose of assisting Council with its new duties in relation to the maintenance of professional competence. It is planned that bodies approved under Section 94(1) of the MPA 2007 will assist the Council with the establishment and operation of professional competence schemes. The recognition of such bodies is to be in accordance with relevant criteria specified in rules made under Section 11 of the MPA 2007. An application process, including an application form, was developed in Q3 2010 and the period for receipt of applications ran from 15th November 2010 to 17th December 2010. Applications were screened for completeness and acknowledged at the end of Q4 2010. The applications will be reviewed in 2011 and

recommendations will be made to the Medical Council with respect to recognition decisions in Q1 2011.

Part 11 of the MPA 2007 makes provisions for the Medical Council to direct registrants who have been the subject of concerns regarding their performance to a professional competence scheme for assessment. The assessment of registrants in this context is a complex and challenging process. The Professional Competence Assessment Working Group considered the next steps required for establishment of this process in Q3 and Q4 2010 and made a report in Q4 on the establishment of a model for performance assessment for the Medical Council. This report will be considered by Council in the early part of 2011 and the Business Plan 2011 describes a number of operational tasks to give effect to this report.

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

The complaints process continues to be managed by the Preliminary Proceedings Committee (PPC) with approximately 30 new complaints per month in 2010 compared to the previous year with a total of 361 complaints received in total. The inquiry caseload was also effectively managed by the Fitness to Practise Committee (FTPC). During the course of the year the Fitness to Practise Committee heard 42 inquiries over 85 days. The Committee also held 8 separate call-over meetings to hear preliminary issues arising in respect of the inquiries.

Pursuant to section 58 of the Medical Practitioners Act 2007, an Investigator was appointed by Council to assist the PPC in obtaining relevant information pertaining to the Committee's decision-making concerning complaints which are under consideration by the PPC.

A panel of mediators has been established to mediate any matters referred to mediation under section 62 of the Medical Practitioners Act 2007 and where mediation is consented to by both the complainant and the registered medical practitioner, a panel of three members of the Mediators Institute of Ireland and a panel of three members of the Chartered Institute of Arbitrators has been established.

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

In Q4 2010, a draft Communications Strategy for 2011 encompassing public, profession and other stakeholders was developed with a view to be approved by the Communications and Research Working Group. The Council engaged proactively with the public, profession and other stakeholders in 2010 with the key activities outlined below;

- **Public:**

Following the publication of the Medical Council's 'Guide to Ethical Conduct and Behaviour for Registered Medical Practitioners' in late 2009, the Council developed an information leaflet targeted specifically at the public. This leaflet was published and distributed to relevant stakeholders and is also available in the Medical Council's offices and on the website.

Interviews were secured in the national and medical press including an article in a lifestyle publication to provide information on the role/initiatives of the Medical Council. The Council has also secured a research company to conduct a survey on levels of public awareness and confidence in 2011 to obtain feedback.

- **Profession:**

The Council proactively released information to the profession through a number of different communication channels including an e-newsletter, email/postal contact, website videocasts and regular press releases.

The Medical Council issued four e-newsletters in 2010 covering a range of different themes relevant to the profession including introducing the new Registration Rules and the Maintenance of Professional Competence.

The new Medical Council website was utilised in the promotion of the Ethical Guide. A videocast was produced where Chair of the Ethics Working Group, Dr Deirdre Madden, introduces each section of the Guide and outlines the main points. The videocast was embedded on the website with a link to it on the homepage. This videocast was also promoted by press release.

- **Stakeholders:**

The Medical Council was proactive in 2010 in communicating with a number of key stakeholder groups. Following the publication of the Ethical Guide, the Council held information sessions with public representatives and hospital advocates to endorse the new Guide and provide clarity on a number of areas to ensure consistency in all communications.

Members of the Executive continued communication with advocacy groups, similar regulators and other organisations on areas of shared interest. Meetings were held with patient advocacy groups to encourage ongoing dialogue. The Medical Council became involved in a group established by the Ombudsman's Office and attended a number of meetings held with representatives from regulators and other organisations to assist in the development of a guide for members of the public so they will know how to make a complaint/raise a concern about health and social services.

The Medical Council encouraged regular media coverage throughout the year by responding in a timely manner to queries and issuing relevant press releases. Two meetings were also held with opposition spokespeople to encourage continued communication and receive constructive feedback. A list of public speaking opportunities for the CEO/President in 2011 has been established with a view to increasing awareness of the Medical Council and its current programmes/initiatives.

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

A number of documents were developed in Q3 and Q4 2010 and reviewed by the Audit Committee. The Business Plan for Q3 and Q4 of 2010 was developed by the Executive and approved by the Audit Committee at the October 2010 meeting. The management accounts were reviewed by the Audit Committee at the October 2010 and November 2010 meetings and the budget for 2011 was reviewed by the Audit Committee at the November 2010 meeting.

The audit of the 2009 financial statements was completed by the C&AG in Q4 2010 and will be signed off by the relevant signatories to the Council in January 2011. The Budget for 2011 was prepared in Q4 2010 and was approved by Council at the meeting in November 2010.

The Risk Register workshop was held in August 2010. This workshop was attended by the Executive and facilitated by an external member of the Audit Committee with extensive experience in risk management.

The Business Plan and Budget for 2011 were prepared in Q4 2010 and new revenue streams were identified in both documents which will provide a focus in 2011 and subsequent years for the diversification of the current revenue base.

In 2011 the Medical Council will roll out a standalone customer service unit, with this in mind, the Medical Council made a decision to conduct a customer service audit in 2010. The audit comprised of a mystery shopping exercise and a stakeholder customer service evaluation survey ran both in-house and via email through Survey Monkey.

The research was conducted in Q4 2010 and was designed to explore areas such as 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. This research analysis is currently being conducted and will be followed by benchmarking exercises in the future to assess changes in perceptions.

In May 2010 the Medical Council held initial discussions with iSoft Business Solutions in relation to the introduction of a document management system (DMS) for all doctor related correspondence. The DMS system was in test from October 2010 and is available for operation on the system. The system will initially roll out in the following areas: Registration, Education and Training and Professional Standards. Agreement on business processes is to be completed prior to roll-out.

In 2010 the Medical Council introduced its Corporate Procurement Plan 2010 – 2012. The plan was drafted in conjunction with the National Public Procurement Policy Unit and Department of Finance. The aim of this plan is to identify a set of key changes which will ensure significant savings throughout the Medical Council.

In accordance with our Corporate Procurement plan the Medical Council undertook an EU tender process for the provision of legal services. The Expression of Interest notification was posted on the ETenders website on the 20th September 2010. The 5 companies who qualified to proceed to tender stage were notified in December 2010. The request for tender document and draft contract is due to be dispatched in January 2011.

The Medical Council continues to experience rapid change. Information and communications technologies have a key role to play in enabling best practice. With that in mind, in November 2010 the Medical Council commissioned an independent ICT audit to review key processes and ensure adherence to best practice.

Following on from the audit the Medical Council formatted an ICT strategy in December 2010. The purpose of this strategy is to ensure the ICT systems and policies reduce any risk to the core business functions of the Medical Council. The strategy outlines key processes and procedures of the ICT section and other key sections. It gives clear insight into ICT functions within the Council and is focused on reducing the risk of system failure.

DL 103189

DOCUMENT(S) TO BE LAID BEFORE HOUSE OF OIREACHTAS

Clerk of Dáil /

I enclose copies* of the under mentioned document(s) to be laid before the House. The information sought below is as set out.

Workforce Planning, Agency Governance and Clinical Indemnity

Date: 31/3/11 Telephone: 016354193

E-mail: [redacted]@health.irl.ie



- | | |
|--|---|
| 1. Department or other body laying document .. | Department of Health and Children |
| 2. Title of document | Medical Council – Business Plan 2011 |
| 3. Parliamentary number (Prn)
(available from Government Supplies Agency (01) 647 6628) | A11/0507..... |
| 4. ¹ If the requirement to lay the document is set out in an Act please state the title and specific section of the Act | ...Medical Practitioners Act, 2007, Section 15(7) |
| 5. If specified in the Act, within how many sitting days may the House annul or disapprove the document? (e.g. 21 sitting days) | Not specified..... |
| 6. Does the Act specify whether the House must approve the document? (e.g. by resolution) | / No |
| 7. Full URL if the document is available online .. | http://www.medicalcouncil.ie |

*Three copies of the document in respect of each House, or six copies where it is to be laid before one House only.

¹ The information required for questions 4 – 6 inclusive can, in general, be found in the specific section of the Act containing the requirement to lay the document before the House.

DL 103189

DOCUMENT(S) TO BE LAID BEFORE HOUSE OF OIREACHTAS

Clerk of Seanad

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