Comhairle na nDochtúirí Leighis
Medical Council

Medical Council Business Plan
2013

Approved by the Medical Council for submission to the

Department of Health

Contents

Introduction

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

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 Q3 2012 with positive findings reported to Council, commending the current risk management procedures and processes.

Using this revised framework 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 31st January 2013. The implementation of this document will be monitored by Council and the Executive via the Council's Balanced Scorecard to ensure that targets are met. The Medical Council will publish its Annual Report for 2012 as part of its statutory reporting requirement and this 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.

A core focus of this Plan be will be the implementation of processes and procedures for the successful election and nomination of members to the Medical Council for the Term of Office 2013 – 2018. This involves significant planning for and development of a comprehensive programme of work to facilitate appointments, provide appropriate induction and training and continue to support the newly appointed Council in achieving its strategic objectives in line with the Statement of Strategy and all legislative requirements.

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 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 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 and this plan will reflect the changing nature of Council with the new Term of Office taking effect from 1st June 2013. The main functions of the Medical Council revolve around registration, professional standards, education and training and professional competence.

As at 31st December 2012, there were 18,190 registered doctors spread over the five divisions of the Register; General, Specialist, Visiting EEA practitioners, Trainee Specialist and Supervised Division.

Strategic Objectives

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

Strategic objectives:

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

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

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

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

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

6. Enable effectiveness through appropriate internal systems and processes:
   - Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate.

- Develop and implement an equality and diversity policy relating to all internal and external processes and engagements.
- Embed a 'service-user' focus within the functions and activities of the Medical Council.
- Ensure that organisational processes are effective and user friendly.
- Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards.
- Ensure ongoing financial security of the Medical Council.
- Optimise the use of Medical Council resources.

As part of the planning process the development of a new Statement of Strategy for the next five year Term of Office has commenced and will be finalised with the new membership cohort.

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, the Health Service Executive, the Health Information and Quality Authority, 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 main communications tool for engagement with the Council is its website www.medicalcouncil.ie, and it actively seeks interaction with all stakeholders through this medium. The following measures and targets have been identified in order to assess performance.

Measure	Targets
Public Awareness	• Annual target to maintain public awareness of the Medical Council at 70% among general population.
Public Confidence	• Increase public confidence in the Medical Council to over 60% in 2013. Establish via a study(ies) an assessment of public (complainant) confidence in Council Complaints and Inquiry processes (post full completion of process). **2013 target - 5%** increase on 2012 targets.
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): o **Registration appeals: 90% of Registration appeals to be conducted within 3 months of appeal being lodged. % of appeals against refused applications by SIPC establish against 2012** o **PRES: New Baseline to be identified incorporating ESD.** • **Council Complaints and Inquiry processes** target 2% increase year-on-year in 2013 on 2012 targets
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: target 5% increase year-on-year to 2013.

	o Registered medical practitioners' survey: Baseline to be established in 2013
Number of Website visits	• Deliver a 5% increase in website visits in 2013 on 2012 target.

- **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 Audit of MPA to assess levels of compliance and/or non-compliance. **Audit completed on an annual basis.**
Interaction response & process completion **efficiency**	• 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 General Registration Categories 1-3 and Specialist Registration categories A-D. • **Average level of Registration Helpline Service to increase by 5% on 2012 level.**
	• Complaints & Inquiries • Average time for **opening new complaint files** – 2 working days. • Median time from **receipt of complaint to decision of PPC** – 15 weeks. • Average **frequency of Call Over hearings** – 5 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** – 1 month.
	• 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). Metric completed in 2012

	• **Basic training sites** earmarked by Council for inspection **to be inspected** by 2013. Metric completed in 2012 • 5 **overseas programme and the bodies that deliver them to have undergone accreditation process** by 2013 (2: 2011; 2: 2012). 4 Malaysian programmes inspected in 2012. RCSI Bahrain accreditation process planned for completion in 2013 dependant on assurance of team safety issues. • **Monitoring Visit Schedule** to be fully adhered to. Annual Return process for all Irish programmes to be completed in 2013. Appropriateness of Annual Return process for overseas programmes to be considered in 2013. Monitoring visits to 2 overseas (Malaysian) programmes to be completed in 2013. 1 monitoring visit for Irish programme to be completed in 2013 (UL). • Approval decision (following inspection) on any new **Intern training sites proposed by the HSE to be completed by** Q2 2013. • Monitoring process for intern training sites approved before 2013 to be continued. • All currently recognised 13 **Post Graduate Training Bodies and their associated training programmes to have undergone an assessment process** by end of 2013 (5 bodies: 2011; 5: 2012; 3: 2013). • **Any postgraduate training sites** earmarked by Council for inspection (pending postgraduate accreditation process) **to be inspected** as per agreed schedule. • **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.
	• ICT • Quarterly assessment of **business critical ICT services** (voice and data services during core working hours) **fully operational** not less than 100% of time target for 2013.
	• 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 • Baseline established: 90% of appeals completed within 12 weeks of appeal being lodged **2013 target.**

	• Complaints & Inquiries
	  • Annual analysis of % of appeals and % of successful appeals against decisions made by PPC; FtPC, Council Sanctions; Section 60 Applications. Baselines established.
	  o Judicial Review
	  o Appeals
	  o 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). **Baseline to be established in 2013.**
	• ICT • Quarterly assessment of ICT services to users (voice and data services during core work hours) against benchmark of 100% target for 2013.

	• 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 Kirkpatrick[1] 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. Measurement to take place in 2013.
Staff Satisfaction	• Achieve 80% staff satisfaction level assessed through annual survey (post benchmark) **2013 target 5% increase.**

- **Finance & Corporate Management**

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

Measure	Targets
Revenue Sources	• Achieve 10% diversification of revenue sources by 2013. (Registration revenue currently accounts for 95% of Medical Council revenue). Targets are **2011 – 3.3%, 2012 – 2.5% and 2013 4.2%**
Operational Efficiencies Achieved	• Achieve operational cost savings of 7.5% by 2013 on discretionary (i.e. non-fixed) expenditure. o **2011** 3.03% o **2012** 2.44% o **2013** target 2.1%

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

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

Operational Context and Challenges for 2013

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 2010 – 2013
- The Medical Council's Financial Outturn 2012 and the forecasted Financial Position for 2013
- 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 third 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 2012 Business Plan is contained in Appendix 1 of this document. Detailed reporting will be provided in the Medical Council's Annual Report 2012. The plan contains a number of new commitments for delivery by the Executive and requires a high degree of support for implementation. This plan will be reported and monitored against the Balanced Scorecard, the targets for which were established through a process in 2011 and cover areas such as:

- People – Implementation of a system at Performance Management and Development for all staff and development of an organisational Training and Development Plan
- Stakeholders – Repeat studies to assess the increased levels in public and profession confidence in the Medical Council
- Finance and Corporate – Identification of diversified revenue sources and increased operational efficiencies
- Systems and Processes – Utilise a series of metrics established in 2011 to closely monitor implementation of core regulatory functions to ensure their efficiency and effectiveness

***Staff numbers**:* the impact of the general moratorium on recruitment and promotion continues to be addressed through mapping staff resources to operational need, redeploying staff where necessary, automation of processes and outsourcing of discrete tasks/projects. In line with the Croke Park Agreement and its directions a number of HR initiatives have been implemented.

***Financial Resourcing**:* 2013 will see a concentrated emphasis on continuous financial monitoring and the monitoring of recently introduced procurement processes. A continued focus on tight controls over expenditure, including a programme of cost reduction measures to drive down costs, and a continued exploration of diverse income streams will take place. Cooperation across the organisation and with the profession will continue in 2013 to ensure maximum accessibility by the profession to Online Portal for Doctors (OPD). This will facilitate an increase in payments and completion of annual retention process through the on-line system.

***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 2013. 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. Following a procurement process a revised contract for legal services commenced operation in 2012.

In addition to these identified challenges a number of legislative challenges are facing the Council including the introduction of compulsory professional indemnity under the proposed Professional Indemnity Bill. Also as a result of a constitutional challenge by a doctor, the subject of a finding of poor professional performance at inquiry, to the court was heard with certain provisions in the Medical Practitioners Act 2007 declared constitutional on 1st February 2013.

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.

Operational challenges and risks will continue to arise as 2013 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 by Directorate for 2013 are:

Directorate of Professional Practice and Development

Education and Training

- The development of systems to generate information and facilitate communication (including consumer dialogue) to inform Education and Training activity.
- Development and publication of overall review of basic and specialist medical education and training, and of thematic guidelines on identified topics.
- The review and administration of Supervised Division (Level 2) and PRES (Levels 2 and 3) examinations.

Registration

- To further embed the Online Portal for Doctors (OPD) to facilitate online application processes to better support doctors at every stage of the registration process.
- The signing of agreements with each PGTB for the assessing and making of recommendations for the granting/refusing specialist registration applications. To continue to develop the application process for specialist registration that implements Council policy and supports applicants.
- The conduct of a business process improvement project to review all business processes with the section.

Professional Competence

- Operating new procedures to monitor and enforce as necessary doctors' compliance with requirements to maintain professional competence. In so doing, ensuring a regulatory approach which protects the public and supports medical professionalism.
- Operating new procedures and activities to respond to concerns about doctor's performance. In so doing, ensuring that the procedures and activities are defensible and sustainable in the face of new demands.

- Reviewing the implementation of the Medical Council's new arrangements for professional competence to ensure that they are effectively supporting the objective of Council and its Statement of Strategy, benchmarking positively to similar arrangements operated by other bodies internationally, and are sustainable.

Directorate of Regulation

Professional Standards

- Management of the increased number of complaints received, a record number of complaints were received in 2012 (see statistics for further details). In order to meet this challenge proposals include a re-structuring of the PPC into two or three groupings as well as the appointment of a sixth Case Officer.
- Appointment and training of new Committee and Council members following the appointment of members under the new term of office of Council in June 2013.
- 2012 also saw a record number of hearings totalling over 100 days which also challenges the management of inquiries, within the restrictions imposed by the MPA 2007.
- In planning for inquiry scheduling and management for 2013 a total of 105 days have been identified as being necessary to facilitate efficient management of this increased caseload.

Directorate of Finance and Administration

Support Services

- Effective management of the process for the new term of Council including the election and nomination of members as well as the development and delivery of a comprehensive induction and training programme.
- Provision of ICT advice and infrastructural support to the on-line election process.
- Ensuring ongoing support and innovative solutions to Council by ensuring that data is both efficiently and securely disseminated and maintained.
- Commitment to ensuring that ICT services are operating against the "up-time" benchmark of 100%.
- Continued compliance with EU procurement legislation to achieve continued efficiencies and cost saving measures in line with the Croke Park Agreement.
- Compliance with Data Protection legislation mitigating against risk of data breaches.
- Financial focus on continued development of alternative income streams in order to diversify the existing revenue base and review of the current funding model to support the expanding remit of the Medical Council.
- Ensuring that the HR strategy is aligned with the overall strategic activity of the Council so it can act as an enabler to the achievement of the Council's strategic objectives.
- The implementation of the Disaster Recovery Plan as per the Council's Business Continuity Plan.

Office of the CEO

Communications and Strategy

- Ensuring continued communications with all stakeholders, through the Communication Strategy 2013, to ensure that the remit of the Medical Council is clear and understood.

- Enhancing online communications to ensure that traffic is effectively increased and directed to appropriate areas of the website.
- Implementing a diverse programme of activities while responding effectively to emerging issues which may arise over the course of 2013.
- Develop and launch the Strategy of the Medical Council for 2014-2018.

Our work and the wider health system

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

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

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

- The Medical Council continued to be involved in a group established by the Ombudsman's Office to assist in the development of a website for members of the public which provides guidance on how to make a complaint/raise a concern about health and social care services in Ireland. This guide is available at http://www.healthcomplaints.ie/

- The National Clinical Effectiveness Committee (NCEC) was established under the Patient Safety First initiative to "provide a framework for national endorsement clinical guidelines and audit to optimise patient care" (http://www.patientsafetyfirst.ie/index.php/national-clinical-effectiveness-committee.html). The Director Professional Development and Practice represents the Medical Council on this Committee and ensures that its work links with the Medical Council's new role in ensuring that doctors maintain professional competence.

- The Council's A/Director of Regulation & Legal Advisor is a member of the Irish Medicines Board's (IMB) *Consultative Panel on the Legal Classification of Medicines* which has been established to assist the IMB in their review of licensing of prescription only or over the counter medicines.

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

Reform of medical education and training in Ireland:
The Council has a lead role in the regulation and quality assurance of undergraduate and postgraduate education and training in Ireland. We work closely with the HSE (e.g. via the Tripartite Group), universities and

medical schools (e.g. via the Bilateral Meetings with Deans), the postgraduate training bodies (e.g. via the Tripartite Group), the Department of Health and the Department of Education and Skills (e.g. dialogue re national and international regulatory and quality assurance initiatives. This includes involving major stakeholders on all four education and training sub-committees (including those on setting and monitoring standards, examinations and internship); regular stakeholder meetings; representation of the Medical Council on major national fora.

Independent assessors from Ireland and other jurisdictions are a key part of Council's evaluation and accreditation teams as they bring a fresh perspective and subject specific expertise.

Partnerships for better regulation:
The Medical Council has strengthened links with the Health Service Executive, the Pharmaceutical Society of Ireland (PSI) and the Irish Medicines Board (IMB) through the mechanism of Memoranda of Understanding. These arrangements have provided a structured framework for continued collaboration on areas of mutual interest and we plan develop further memoranda with others such as the HSE Patient Safety and Quality Directorate and HIQA in 2013. We are also a partner on the Forum of Health and Social Care Regulators which seeks to share best practice and advance common interest for the benefit of the public.

Medication use is recognised internationally as a priority for promoting patient safety. It depends on safe medication prescribing by doctors, safe medication dispensing by pharmacists and safe medication consumption by patients. The Medical Council and PSI have undertaken a joint project to promote inter-professional collaboration for medication safety in Ireland.

Strengthening international cooperation:
The Medical Council is registered with the EC Internal Market Information Systems (IMI) which helps member states co-operate in a standard way when dealing with requests for information between competent authorities. The IMI system also provides for the issuing of Certificates of Current Professional Status (CCPS) in a standardised format. We continue to share and learn best practice on medical regulation through our membership of the International Association of Medical Regulatory Authorities and collaboration with the International Physician Assessment Coalition and the Coalition for Physician Enhancement.

The Medical Council is a member of the *European Conference of the Orders of the Doctors* (CEOM), established to promote the practice of high quality medicine respectful of patients' needs within the European Union and the European Free Trade Association. The Medical Council cooperates with other participating organisations on action that helps to develop quality standards and common positions in relation to medical ethics and professional conduct, medical regulation, movement of healthcare professionals and training.

The Medical Council is a member of the Association of Regulatory and Disciplinary Lawyers to promote best practice on regulatory law. We are a partner on the Health Professionals Crossing Borders, a European cooperative initiative and implement its "*General Memorandum of Understanding Covering the Proactive and Case-by-Case Exchange of Disciplinary Information between Competent Authorities and Similar Bodies".*

International medical education bodies have played a key role in the quality assurance of medical education. The World Federation for Medical Education (WFME) has been particularly involved, and the Head of Education and Training acted as an external advisor on two WFME initiatives. This included work on the 2012 revision of the WFME Global Standards which form the basis of Council's undergraduate standards.

The US Department of Education's National Committee on Foreign Medical Education and Accreditation (NCFMEA) benchmarks the Medical Council's accreditation procedures as meeting the international best practice standards.

Regulatory bodies in other jurisdictions and all major EU medical education organisations e.g. ASME (Association for the Study of Medical Education), AMSE (Association of Medical Schools in Europe) and AMEE (Association for Medical Education in Europe) are contributing to the accreditation process via the assessor pool.

Experts from other jurisdictions contributed to a number of Council events including a Symposium on Education and Training held in August 2012 and the Medical Council's Conference on professionalism in November 2012.

Involvement in the European Network of Medical Competent Authorities (ENMCA) in ensuring coherent application of EU requirements in relation to the registration of medical practitioners, in particular, provides commentary on proposed changes to EU directives/legislation.

Financial Position 2013

Summary of the 2013 Financial Position

	Forecasted 2012 €'000	% of total	Budget 2013 €'000	% of total
Income				
Annual retention fees	7,510	80.15%	7,460	76.26%
Application fees	1,313	14.01%	1,518	15.52%
Miscellaneous & Investment income	547	5.84%	804	8.22%
	9,370	100.00%	9,782	100.00%
Expenditure				
Payroll costs	3,354	34.37%	3,799	35.60%
Legal expenses	2,223	22.78%	2,857	26.77%
Rent and rates	944	9.68%	911	8.54%
Council/Committee meeting and T&S expenses	525	5.38%	692	6.49%
Depreciation	491	5.03%	425	3.98%
Premises costs	474	4.85%	369	3.46%
Other operating/administrative costs	1,748	17.91%	1,617	15.15%
	9,758	100.00%	10,671	109.36%
Operating surplus/(deficit) for the year	-388		-889	

The Medical Council has forecasted income of €9.4m for 2012. The Medical Council invoiced approximately 18,000 Doctors in July 2012 amounting to €7.5m covering the retention year July 2012 to June 2013. Budgeted income for 2013 is anticipated to be approximately €9.8m which is a 4% increase on forecasted income for 2012. This is due mainly to an anticipated increase in applications for the General Division. It is anticipated that the number of Supervised Division applications will be higher than the numbers processed in 2012.

Despite significant increases in costs resulting from expanded responsibilities under the Medical Practitioners Act 2007 and increases in the number of complaints received by the Council, the Medical Council has not imposed any increase in fees for the past four years. Following review by Council at its meeting on 31st January 2013, a fee increase of €20.00 was approved for implementation in 2013.

It is also important to note that the Medical Council continues to focus on ways of diversifying its r**e**venue base and progress has been made in 2012 in this area. A focus on diversification of revenues including fees for accreditation of undergraduate and postgraduate programmes is being progressed.

Expenditure for 2012 is forecasted to be in the region of €9.8m. Budgeted expenditure for 2013 is €10.7m, a €913k (10.5%) increase on the 2012 forecast.

The main reasons for this increase include:

- An increase in payroll costs through an increase in staff numbers (€445k*)
- Legal costs are budgeted to increase significantly in response to the rise in complaints (13% in 2012) (€634k)
- Council activities including Council election , induction/training etc.(€167k)

**Note: This increase has been offset by related savings totalling (€180k) in other areas such as legal fees, consultancy and research*

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

- A decrease in premises costs through savings including insurance and maintenance costs (€105k)
- A reduction in operating costs via savings including consultancy fees, postage and telephone costs (€131k)

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

2013 Operational Plans by Directorate

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

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

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

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

Directorate of Professional Development and Practice

Cross Directorate

Strategic Objective	Intended Outcome	Action	KPI	Timeframe
SO 1.4) Ensure an appropriate process for assessment and registration of other-EU and non-EU doctors	Intelligent basis to review of policy on registration in Supervised Division.	Review the experience of registration in the Supervised Division from registrant and supervisor perspectives.	Report on review of Supervised Division complete.	Q1
SO 2.1) Ensure the appropriateness of the registration framework, including the divisions and processes relating to Registration and Retention of Registration	Strategy and policy of Medical Council and other relevant stakeholders related to the practice of medicine in Ireland strengthened by up-to-date intelligence on medical workforce.	Produce medical workforce report based on analysis of ARAF questionnaire and register.	Medical workforce report complete.	Q1
SO 5) Engage proactively with the public, the profession and other stakeholders	Achievement of strategic objectives across the Professional Development & Practice Directorate enabled by programme of communication and engagement.	Complete survey of employer knowledge and attitudes to registration processes.	>90% agree that information needs met; employer/healthcare organisation webpage hits.	Q2

		Establish MOU with key employer groups re registration function.	MOU established with key employer groups re registration function.	Q3
		Establish Employer-Medical Council Forum.	Employer-Medical Council Forum established.	Q3
		Continue programme of student/trainee communication and engagement.	Hits on student/trainee web pages on Medical Council website.	Q1-Q4
		Continue programme of communication and engagement individually and collectively with deliverers of basic medical education and training.	Number of engagements.	Q1-Q4
		Continue programme of communication and engagement individually and collectively with deliverers of specialist medical education and training.	Number of engagements.	Q1-Q4
		Continue programme of communication and engagement with health service re education and training.	Number of engagements.	Q1-Q4
		Engage with doctors, employers and public through strategic review of Medical Council Professional Competence arrangements.	Report on high-level review of current maintenance of professional competence strategy completed, confirmed by PCC and recommended to Council.	Q2

SO 6.4) Ensure that organisational processes are effective and user friendly	Achievement of strategic objectives across the Professional Development & Practice Directorate enabled through better measurement of process, outputs and outcomes.	Monitor KPIs for SoS, BRMP, and management team dashboard.	See KPIs in Balanced Scorecard, BRMP and Dashboard.	Q1 – Q4
		Report on Professional Development & Practice Directorate process, outputs and outcomes through Annual Report and other vehicles.	Annual report published.	Q2
SO 6.5) Ensure appropriate corporate governance systems and structures are in place and are fully compliant with internal and external standards	Achievement of strategic objectives across the Professional Development & Practice Directorate enabled through effective operation of relevant Committees, Sub-committees and working groups.	Support operation of relevant registration, education & training and professional competence governance structures.	Number of meetings.	Q1-Q4
	Achievement of strategic objectives across the Professional Development & Practice Directorate enabled through effective risk management.	Establish and maintain Directorate risk register.	Operational Directorate risk register in place.	Q1

Education and Training

The Education and Training Section supports the Council's functions in setting and monitoring standards in undergraduate, intern and postgraduate education and training in Ireland. Council's quality assurance responsibilities include producing rules, standards, criteria and guidelines for bodies delivering medical education and training. These rules, standards, criteria and guidelines introduce international best practice into the Irish context, and are incorporated into medical education and training. Council undertakes accreditations of medical schools, their programmes and their clinical training sites, ensuring that medical schools provide a firm foundation for graduates' future development; it ensures high standards of training during the first year of a doctor's registration, in internship; it undertakes accreditations of postgraduate bodies and programmes; and determines which medical specialties should be recognised. It then has an ongoing monitoring role to ensure that standards, once achieved, are adhered to and where possible enhanced.

Education and Training issues are considered by the Professional Development Committee (PDC); its sub-committees are the Intern Training Sub-Committee (ITSC), Setting Standards Sub-Committee (SSSC), Monitoring Standards Sub-Committee (MSSC) and the Examinations Sub-Committee (ESC).

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

Strategic Objective	Intended Outcome	Action	KPI	Timeframe
SO 1.1) Define and publish appropriate standards for undergraduate, intern and postgraduate education, training and assessment	Effective and efficient framework in place for regulation of medical education and training in Ireland to promote good professional practice.	Supplement existing Education and Training Standards with thematic guidance in prioritised areas.	Publication of supplementary guidance in one prioritised area.	Q4
	Peer and patient feedback questionnaires validated for Irish context available for use in specialist training and maintenance of professional competence.	1.Review and adapt peer and patient feedback questionnaires for use in specialist training and maintenance of professional competence 2. Plan the implementation of peer and patient feedback process in specialist training programmes and professional competence schemes,	1. Completion of plan for implementing peer and patient questionnaires, including completing of usage guidance. 2. Peer and patient questionnaires published.	Q4

		including guidance on usage.		
SO 1.2) Develop and implement a process to review education and training standards to ensure ongoing appropriateness	Maintenance and continual improvement of framework for regulation of medical education and training that promotes good professional practice maintained and continually improved.	1. Review undergraduate and postgraduate accreditation standards. 2. Prepare for and participate in an external review of the Medical Council's undergraduate accreditation standards and procedures by the NCFMEA.	1. Report based on review of accreditation standards produced; recommendations for continuous improvement identified and implementation planned. 2. Undergraduate accreditation standards and procedures positively reviewed by the NCFMEA.	Q4 Q2
SO 1.3) Review all programmes, schemes and education and training bodies to ensure compliance with the Council's education, training and professional competence standards	Quality of basic medical education and training in Ireland assured and continually improved to promote good professional practice.	1. Monitor basic medical education programmes and delivering bodies *via* Annual Return and implement regulatory action as required. 2. Implement 2013 schedule for approval of basic medical education programmes and delivering bodies.	1. n, % annual returns reviewed, target = 9, 100%. % programmes and delivering bodies subject to appropriate regulatory action arising from annual return. 2. All outstanding determinations made (UL, AUCMS and PU-RCSI).	Q2 Q3 Q2
	Quality of specialist medical education and training in Ireland assured and continually improved to promote good professional practice.	1. Implement 2013 schedule for approval of bodies for delivery of programmes of specialist training. 2. Implement 2013 schedule for approval of programmes of specialist training in conjunction with approval of bodies for delivery.	1. All outstanding specialist training body determinations made (FoP, ICGP, ICO, FoSEM). 2. All 3 agreed remaining specialist training programme determinations made.	Q2 Q2

		3. Devise and implement new schedule for approval of additional programmes of specialist training.	3. All agreed accreditations of specialist training programmes undertaken and determinations made *(note: number depends on audit of specialist training programmes not accredited as part of 2011-2013 schedule to determine which remaining programmes should be prioritised)*	Q4
		4. Design and develop intelligence and risk-based criteria and accompanying process for evaluation of sites for specialist training.	4. Criteria and accompanying process published.	Q3
		5. Implement intelligence and risk-based programme for targeted evaluation of sites for specialist training.	5. Intelligence and risk-based programme for targeted evaluation of sites for specialist training implemented.	Q4
	Quality of basic and specialist medical education and training in Ireland assured and continually improved to promote good professional practice.	1. Design and develop programme for monitoring selected cohorts of students' and trainees' perceptions of defined aspects of their education and training, identifying potential implications for regulation of education and training in Ireland.	Targeted programme for monitoring students and trainees' perceptions of defined aspects of their education and training designed and developed.	Q2
		2. Commence above programme for monitoring selected cohorts of students and trainees.		Q4
	Promotion of excellence in medical education and training in Ireland to ensure good professional practice	1. Host Annual Medical Council Education and Training Symposium.	1. Outcome of symposium workshops disseminated to relevant stakeholders and	Q3 - Q4

			considered by Medical Council.	
		2. Design and develop a medical education and training research award.	2. Medical Education and Training Grant designed and developed.	Q2
		3. Award Student Ethical Prize.	3. Student Ethical Prize awarded.	Q3
		4. Develop and publish situational analysis of Medical Education, Training and Professional Development in Ireland based on activities under Part 10 and Part 11 of the MPA 2007	4. Situational analysis of Medical Education, Training and Professional Development in Ireland based on activities under Part 10 and Part 11 of the MPA 2007 published.	Q2 / Q3
	Good professional practice supported through establishment of an appropriate range of new recognised specialities.	Continue to implement programme of recognition of appropriate aspirant specialities.	% of outstanding determinations made (n=5) = 100%.	Q4
	Quality of anatomy departments in Ireland assured.	Continue to implement programme of licensing of anatomy departments.	% anatomy departments subject to appropriate regulatory action arising from monitoring = 100% *(note: n depends on assessment to determine where any action is required).*	Q4
SO 1.4) Ensure an appropriate process for assessment and registration of other-EU and non-EU doctors	Effective and efficient framework in place for assessment of competence of registration applicants so as to ensure good professional practice.	1. Review and revise quality assurance framework for Medical Council Pre-Registration Examination System (PRES) and Examination for the Supervised Division (ESD) or equivalent.	1. Quality assurance framework for Medical Council PRES and ESD (or equivalent) reviewed and revised.	Q2
		2. Monitor quality assurance	2. Quality assurance framework for	Q4

		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.	Medical Council PRES and ESD (or equivalent) in place. 3. Examinations successfully administered to Medical Council's agreed standards - out-turn ESD, out-turn PRES *(note: exam numbers are labile and demand-driven).*	Q1-Q4
SO 2.1) Ensure the appropriateness of the registration framework, including the divisions and processes relating to Registration and Retention of Registration	Quality of places delivering intern training in Ireland assured and continually improved to promote good professional practice.	Continue programme of approval and monitoring of places delivering intern training.	n, % annual returns reviewed, target = 47, 100%; n, % sites inspected where agreed monitoring visit required (target = 100% of sites where monitoring visit is determined as necessary by annual return) *(note: n for monitoring visit is labile and depends on annual returns).*	Q4
	Quality of trainees completing intern training in Ireland assured to promote good professional practice.	Continue programme of issuance of Certificates of Experience.	Certificates of Experience issued to 100% of eligible doctors.	Q1, Q3

Registration

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

This section is led by the Head of Registration, supported by two Senior Executive Officers, eight Executive Officers and four Clerical Officers

Strategic Objective	Intended Outcome	Action	KPI	Timeframe
SO 1.4) Ensure an appropriate process for assessment and registration of other-EU and non-EU doctors	Public protected and good professional practice promoted through clear and effective policy framework in place for registration of non-Irish qualified registration applicants.	Policy for registration in various divisions reviewed and necessary improvements implemented.	Rate of complaint non-Irish qualified doctors versus rate for Irish qualified doctors </= 100%; Rate of PF PPC decision for non-Irish qualified doctors versus rate for Irish qualified doctors </= 100%.	Q2
SO 2.1) Ensure the appropriateness of the registration framework, including the divisions and processes relating to Registration and Retention of Registration	Public protected and good professional practice promoted through quality process for management of registration applications.	1. Complete high-level review of management of registration process. 2. Develop and implement programme for improvement of management of registration process. 3. Develop and implement framework for quality assurance and continuous quality improvement of management of	1. High level review of management of registration process completed. 2. Programme for improvement of management of registration process is developed and implemented. 3. Framework for quality assurance and continuous quality improvement of management of registration process is developed	Q2 Q3 – Q4 Q3 – Q4

		registration process. 4. Complete implementation of redesigned Specialist Division Level 5 process.	and implemented and monitored. 4. a) Redesigned Specialist Division Level 5 process in place across all relevant PGTBs. 4. b) Turn-around-time target for Specialist Division Level 5 assessment: 85% of application assessments returned from PGTBs within 12 weeks.	 Q2 Q2 - ongoing
	Public protected and good professional practice promoted through timely and effective registration of new applicants who are fit to practice.	1. Continue programme for assessment of new registration application.	a). Turn-around-time time for application for registration (any division) eligible for automatic recognition (Irish graduates & EU graduates): - 85% completed within 6 weeks, to a decision point (complete applications); - 85% completed within 14 weeks, to a decision point (incomplete applications). b). Turn-around time target for non-automatic recognition applications (non-EU; non-standard specialist): 85% Level 1 assessments completed in 12 weeks, to a decision point. c). Cat 4 backlog = Zero (Zero backlog = All Cat 4 applications being on hand for less than 12 weeks).	Ongoing Ongoing Ongoing

			d). Fully independent review panels for all registration application reviews implemented.	Q2
			e). Turn-around-time target for review hearings: 85% of reviews hearings within 12 weeks of request being lodged.	Ongoing
			f). Call handling: 80% of calls received are answered.	Ongoing
			g). Demand for Reviews: Review requests do not exceed 5% of all refused applications.	Ongoing
			h). Outcome of reviews: 80% of review cases uphold the original registration decision.	Ongoing
		2. Cooperate and coordinate with HSE to ensure timely and effective registration of doctors for July 2013.	2. 90% of HSE sponsored applicants proposed in line with arrangement document AND who are successful at PRES/ESD who are registered by milestone agreed with HSE.	Q1-Q3
	Public protected and good professional practice promoted through timely and effective maintenance of register.	1. Continue programme for annual retention of registration.	1. Of doctors issued retention notice: <4% submit late ARAFs; <5% proceed to VW; <3 % proceed to S79.	Q3-Q4
		2. Continue programme for ongoing maintenance of register.	2. Comparison conducted of previous year to current year applications processed for: Voluntary Withdrawals; Change of address; CoGS/CCPS; Overseas	Ongoing

			Disciplinary notices; Record validations completed.	
SO 6.3) Embed a 'service-user' focus within the functions and activities of the Medical Council	Continuous improvement of management of registration process driven by applicant feedback	1. Publish charter of registration applicant expectations. 2. Develop and implement system for collection of registration applicant feedback on routine basis and in response to concerns 3. Monitor registration applicant feedback and use intelligence to drive continuous improvement of registration process	2. Develop and implement a set of customer focus KPI including satisfaction, complaints, complaint resolution, contact resolution etc.	Q3 Q3-Q4
SO 6.4) Ensure that organisational processes are effective and user friendly	OPD established as routine platform for registrant interaction with Medical Council	Develop and implement strategy and action plan for maximising registrant use of OPD	Strategy and action plan for maximising registrant use of OPD developed. >90% new applications for registration completed via OPD. >90% ARAF completed via OPD. >20% reduction in call volume to registration.	Q1 From agreed full roll-out date - ongoing

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 is achieved through overseeing schemes operated by recognised bodies to support doctors to maintain professional competence and by assessing the performance of doctors where additional assurance regarding maintenance of professional competence is required by the Medical Council. The Professional Competence Committee directs and oversees the Medical Council's professional competence duties under Part 11 of the Medical Practitioners Act 2007.

This section is led by the Director of Professional Development and Practice, supported by one Senior Executive Officer, two Executive Officers and one Clerical Officer.

Strategic Objective	Intended Outcome	Action	KPI	Timeframe
SO 3.1) Develop and implement professional competence schemes	Public protected, trust in profession maintained and good professional practice promoted through doctors maintenance of professional competence	1. Continue programme to manage arrangements with recognised bodies for operation of professional competence scheme line with Medical Council standards.	1. a) 13 sets of 2012/13 reports from 13 recognised bodies; % of reports approved by Medical Council, KPIs from PGTB report – including estimate of % of eligible doctors enrolled. b) 13 sets of 2013/14 operational plans from 13 recognised bodies; % of operational plans approved by Medical Council (target = 100%)	Q3 Q3
		2. Continue programme to monitor and audit doctors maintenance of professional competence	2. a) % planned audits 2012/13 completed (target = 100%); Audit outcomes: % closed no action, % close with corrective advice, % close with follow up, % close with escalation. b) % of doctors providing response	Q2 Q3

			to professional competence questionnaire 2013; % affirmative declarations. c) Number of doctors included in audit pool for 2013/14	 Q4
	Public protected, trust in profession maintained and good professional practice promoted through assessment of doctors professional competence in response to concerns	Continue to operate performance procedures to handle referrals of doctors whose performance is a cause of concern	% total referrals feasible and suitable to proceed to assessment visit; Referral to report turn-around time (median measure, no target)	Q1-Q4
	Capacity and capability to assess doctors professional competence in response to concerns maintained and continually improved	1. Develop and implement case management ICT solution. 2. Design, develop and deliver assessor maintenance of knowledge/skills programme 3. Re-examine options for management of referrals where model of workplace based assessment is not feasible or suitable. 4. Design, develop and implement quality assurance framework for performance assessment	1. ICT solution suitable for performance assessment case management implemented. 2. Number of assessors participating in refresher training versus target (100%). 3. Options appraisal completed. 4. Quality assurance framework in place for performance assessment	Q2 Q3 Q4 Q4

SO 3.2) Develop and implement a process to review the effectiveness of the professional competence schemes and make improvements as required	Public protected, trust in profession maintained and good professional practice promoted through fit-for-purpose maintenance of professional competence strategy	1. Complete high-level review of current maintenance of professional competence strategy. 2. Develop next phase strategy for maintenance of professional competence	1. Report on high-level review of current maintenance of professional competence strategy completed, confirmed by PCC and recommended to Council. 2. Next phase strategy for maintenance of professional competence reflected in overall Statement of Strategy	Q2 Q4
SO 3.3) Develop and implement a process for remediation of doctors following non-compliance with professional competence standards	Public protected, trust in profession maintained and good professional practice promoted through remediation of doctors professional competence in response to concerns	Continue to operate performance procedures to handle referrals of doctors whose performance is a cause of concern, including remediation	% referrals proceeding to action plan; % referrals restored to practice post implementation of action plan	Q1-4

Directorate of Regulation

Professional Standards

The main functions of the Professional Standards Section are to support the work of the Preliminary Proceedings (PPC) and Fitness to Practise (FTPC) Committees, Ethics Working Group, Monitoring Working Group and Health Sub-Committee. 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 A/Director of Regulation who is also Legal Adviser, supported by two Senior Executive Officers, two Executive Officers, six Executive Case Officers (EO grade) and one Clerical Officer.

Strategic Objective	Intended Outcome	Action	KPI	Timeframe
SO 5.3) Develop and implement a comprehensive strategy for engagement with other stakeholder groups **SO 6.5)** Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Medical Council to provide input into DH policy regarding collaboration among Healthcare Regulatory Bodies	Continue communication with key personnel in DOH.	Establishment of Working Group to assess legislative amendments.	Q1-Q4
	Clarification of Medical Council's role regarding Human Tissues Bill being restricted to role of regulator	Continue communication with key personnel in DH.	Amendments to draft Bill.	Q1 -Q4
	Amendments to Draft Medical Practitioners (Amendment) (Medical Indemnity Insurance) Bill 2012	Continue communication with key personnel in DH & also continue to cooperate and liaise with the State Claims Agency.	Amendments made to Draft Bill to ensure that medical practitioner is responsible for providing evidence of indemnity.	Q1-Q4

	Amendments to Part 9 of the Act arising out of the judgement in Akpekpe -v- The Medical Council, Ireland and the Attorney General	Continue communication with key personnel in the DOH.	Amendments made to Part 9 of the Act.	Q1-Q4
	Further amendments to Medical Practitioners Act 2007 Parts 6-9	Further amendments to MPA 2007 as considered and agreed with DOH.	Draft Amendments to Parts 6-9 of Act.	Q1
	Audit of Act & procedures completed	Review Act and procedures for all sections. Each Section to identify from Business Plan where they anticipate requirement for legal advice.	Audit & Review completed and recommendations made.	Q1
SO 2.3) Support doctors in the integration of the 'Guide to Professional Conduct and Ethics' in their professional practice	Doctors supported to integrate the Ethical Guide into their professional practice. Commence review of 7th edition of The Ethical Guide.	1. Further develop a two-year project plan to map all key areas for the development of guidance and information which illustrate to the profession how the principles in 'Guide to Professional Conduct and Ethics' apply in practice. 2. Use consultation with the profession and key learning from the Council's complaints and inquiry process to inform the development of the plan, its individual components and Implement year one of the plan in 2013 in line with key metrics. 3. Appoint members of Working Group per Section 7 of the Act to	1. Implement project plan in line with metrics. 2. Continue to provide vignettes for newsletter. 3. Membership appointed to Section 7 Working Group	Q1-Q4

		specify standards of practise and to review the 7th Edition of the Ethical Guide.		
SO 2.3) Provide ongoing monitoring of doctors with conditions attached to their registration and facilitate compliance as appropriate	Doctors with conditions attached to their registration monitored on an ongoing basis and compliance facilitated as appropriate	Doctors with conditions attached are monitored, documentary evidence sought where applicable and conditions reviewed. Referral for complaint if there is a failure to comply.	All meetings are held and minuted. All practice visits facilitated. All reports delivered to Monitoring Group & SIPC	Q1-Q4
SO 2.4) Support doctors who have relevant medical disabilities, or associated health-related conditions, to maintain their registration during illness and recovery	Doctors who have relevant medical disabilities, or associated health-related conditions, supported to maintain their registration during illness and recovery.	1. Registered medical practitioners with relevant medical disabilities and health disabilities are supervised with oversight by the Health Sub-Committee. 2. Implement all recommendations arising from review of Health Sub-Committee 3. Develop MOU with Sick Doctor Scheme.	1. All assessments facilitated. All reports delivered to Health Sub-Committee & SIPC 2. Recommendation in place and implemented. 3. Memorandum in Place	Q1-Q4 Q3 Q2
SO 2.5) Promote the process for employers and other healthcare professionals to bring appropriate concerns to the attention of the Medical Council	Develop Memorandum of understanding with HSE to bring appropriate concerns about doctors to the attention of Council. Process in place to support employers and other healthcare professionals to bring appropriate concerns to the attention of the Council.	1. Draft and agree terms of MOU with HSE. 2. Promote Health Professional's Guide to referring a doctor to the Medical Council.	1. Agree MOU in place 2. Guidance document developed. Presentation to HSE. Presentation to Independent Hospitals Association of Ireland.	Q1 Q1

SO 4.1) Ensure the ongoing delivery of effective, fair and transparent complaints processes	Complaints process & procedures published and operational for Preliminary Proceedings Committee Procedures.	1. Establish an effective, fair & transparent complaints process for the PPC compliant with MPA 2007 & consistent with the principles of natural justice.	1. All complaints managed and processed in accordance with key metrics. New PPC members to be appointed, inducted and trained.	Q1-Q4
		2. Receive & Process Annual Declarations concerning doctors compliance with professional indemnity requirements, disciplinary sanctions, criminal convictions and/or relevant medical disabilities.	2. Doctors providing responses to Question 2-8 of Annual Declaration.	Q3-Q4
SO 4.2) Ensure the ongoing delivery of effective, fair and transparent complaints processes	Complaints process & procedures published and operational for Fitness to Practise procedures	1. Establish an effective, fair & transparent complaints process for the FTPC compliant with MPA 2007 & consistent with the principles of natural justice. Establish Policy & Procedures Group for FTPC.	1. All inquiries managed and processed in accordance with key metrics.	Q1-Q4
	Principles and procedures for the imposition of sanctions developed and operational.	2. Continuously review and improve principles and procedure document to support the imposition of sanctions by Council concerning a doctor's registration following completion of inquiry.	2. Policies and procedures reviewed. Implement SOP for 6 monthly update of sanctions guidance	Q1-Q4 Q1-Q4

	All policies, procedures and outcomes concerning Part 7, 8 and 9 published on website following approval by Council.	All policies and procedures concerning Council complaints and inquiry processes including findings of FTPC and sanctions imposed by Council published in a timely fashion on website following approval by council.	Council approved policies published within one week of approval. Council approved procedures published one week of approval. Relevant stakeholders informed of results of inquiries and sanctions against doctors in a timely fashion.	Q1-Q4
SO 5.2) Develop and implement a comprehensive strategy for engagement with the medical profession	Effective engagement with other healthcare regulators to share knowledge and improve processes.	Develop and implement strategy for engagement with other stakeholder groups to share knowledge in relation to matters of common interest.	Four meetings to be held in 2013.	Q1-Q4
SO 6.1) Ensure a focus on excellence in people management for Council members and staff as appropriate	To ensure that all members are appropriately trained and skilled in the procedures and processes of PPC , FTPC and Council	Work closely with the appointed training provider to ensure that the training programmes are fit for purpose.	All members of Council, FTPC and PPC have received the relevant training and that the training provided is being applied, this will involve a review of decisions and outcomes made.	Q1- Q4

SO 6.1) Ensure a focus on excellence in people management for Council members and staff as appropriate	To ensure that the members have the appropriate knowledge and training concerning the MPA 2007 and the procedures of the Health Sub Committee.	1. To develop criteria and competencies for membership of PPC & FTPC. 2. Application process and form for membership developed and completed. 3. Design and deliver appropriate training modules for members	1. Members appointed to PPC & FTPC in accordance with developed criteria and competencies. 2. Members appointed to PPC & FTPC in accordance with developed criteria and competencies. Application form sent to current members. 3. All Committee members have received appropriate training and this will involve reasons for decisions and decision making process.	Q2 Q2 Start Q2. Review Q4
SO 6.1) To ensure an excellence in people management and personal development for Council members and staff as appropriate.	To ensure that the members have the appropriate knowledge and training concerning the MPA 2007 and the procedures of the Monitoring Group for the monitoring of conditions.	Design and deliver appropriate training modules for members	All Monitoring Group members have received appropriate training and this will involve decisions and the decision making process.	Start Q2. Review Q4

SO 6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate	Appropriate support provided to complainants & doctors concerning the Council's complaints and inquiry process.	In line with results and recommendations contained in B&A survey undertake a review of all correspondence, literature and on-line material to ensure the Council is communicating in an effective manner with complainants & doctors. Include feedback from patient support and advocacy groups and doctors' representative groups to inform the review process. Implement enhancements and amendments in line with review.	1. Review conducted. Enhancements implemented arising from review recommendations. 2. Training conducted and review completed.	Q1-Q4
SO 6.3) Embed a 'service-user' focus within the functions and activities of the Medical Council	Data collection processes in place.	To access appropriate, relevant and timely data which will provide feedback on the effectiveness/success of operational activities and be supported by metrics to measure these activities.	1. Feedback/consultation mechanism developed and documented. 2. Consultation/feedback meeting held with key groups: Patient groups - bi annual Doctors representatives - bi annual MDU and MPS (Indemnifiers) - bi annual. 3. Complaints and inquiry process quantitative research completed. 4. The data sets reflect and measure all relevant activities within the Section.	Q1-Q4

SO 6.4) Ensure that organisational processes are effective and user friendly	Effective committee support in fulfilment of Council's statutory responsibilities under Parts 7, 8 & 9 of MPA 2007.	Facilitate relevant Committees and Working Groups through effective support and administration.	All scheduled and unscheduled meetings of Committees are conducted effectively and actions arising for the Section are completed.	Q1-Q4
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Risks managed in accordance with the Risk management policy and procedures.	Regular review and management of relevant risks	Quarterly	Q1-Q4

Directorate of Finance and Administration

Corporate Services and Human Resources

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

An external HR Consultant works in conjunction with the Management team and a part-time Senior Executive Officer providing all internal HR advice and support and managing the ongoing HR activities within the Medical Council.

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

Strategic Objective	Intended Outcome	Action	KPI	Timeframe
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	1.Election process managed effectively and on a timely basis with new Council members elected in accordance with the legislation 2. Nomination process managed effectively to ensure timely appointment by the Minister for Health. 3.Appointment process managed effectively to ensure timely appointment by the Minister for Health	Process for: 1. Elections, 2. Nominations and 3. Appointments to new Council Term of Office in place and appropriate project management system in effect. Links with DoH established and ongoing communications carried out.	Election, nomination and appointment processes are conducted allowing for appropriate and timely appointment of members the Minister for Health. 1. Elections conducted by 15th March 2013 and notices of successfully elected candidates to Minister for Health and Council. 2. 19 Nominations are requested (14 from nominating bodies through Medical Council processes and 5 Ministerial	Q1 - Q2

			nominees through PAS process) by 15th March 2013 deadline. 3. Appointments are made by the Minister for Health in advance of new Council Term of Office on 1st June 2013.	
SO 6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate	Successfully deliver an induction programme to all Council members in advance of the first Council meeting.	Deliver a practical and informative induction programme to educate Council Members of the functions, responsibilities, Corporate Governance, Strategic and Business Plan Objectives of Council.	Induction process designed and delivered to all members. Members are clearly informed as to all relevant processes, procedures and required competencies.	Q2
SO 5) Develop a comprehensive strategy for engagement with the public, the profession + other stakeholders	Management of Council events to ensure efficiency and delivery of desired outcomes.	All Council events are project managed and expected outcomes achieved e.g. End of Term Dinner for outgoing Council. Event for Committees and Working Groups. Annual Report Launch. INMED event.	Council events are managed efficiently, with desired outcomes and target engagement achieved.	Q1- Q4
SO 5) Develop a comprehensive strategy for engagement with the public, the profession + other stakeholders	Planning for MC Conference is conducted.	Planning is completed		Q4
SO 5) Develop a comprehensive strategy for engagement with the public, the profession + other stakeholders	EAPH Conference is successfully co-hosted with the ICGP, April 2013	Successfully co-host the conference event in collaboration with the ICGP and EAPH.	The 2 day event is delivered at full capacity with desired outcomes achieved.	Q1 -Q2

SO 5) Develop a comprehensive strategy for engagement with the public, the profession + other stakeholders	Medical Council's End of Term Report is successfully published and launched.	Publication of End of Term Report and successful launch. Comprehensive cross-organisational collaboration and input from PA Report leading to successful development of End of Term Report for publication.	The End of Term Report is published and launched effectively.	Q2 (May)
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards.	Annual Report 2012 is developed for approval by the Minister and subsequent publication	Develop content of AR for approval by SMT and Council prior to submission to the DoH for approval by Minister, Launch and publication of report	Annual Report is published appropriately as per the MPA 2007 and by May 2013 prior to end of term for current Council.	Q1 - Q2
SO 6.5) Ensure that appropriate corporate governance systems are in place and fully comply with internal and external standards	BP 2014 is developed for approval by SMT and Council and submission to Minister prior to publication on the MC web	Develop content of BP 2014 for approval by SMT and Council prior to submission to the DoH for approval by Minister and publication of BP on website.	BP 2014 is published in accordance with the MPA 2007	Q3-Q4
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Effective planning for 8 scheduled meetings, extraordinary meetings, away days and training days.	All Council meetings are conducted as per the schedule of meetings and extraordinary unscheduled meetings are quorate. All educational events for MC members are carried out as per requirements.	Council and other meetings for members are conducted effectively	Q1 - Q4

SO 6.3) Embed a 'service-user' focus within the functions and activities of the Medical Council	Review of Committees and Working Group Structures and processes completed and implemented plan developed subject to Council approval.	Following Council approval implement changes to the ToRs and structures as per review findings.	1. Report of the Review presented to Council - Q1 2. Implementation Plan for new Council re: recommendations arising from the review completed - Q2	Q1- Q2
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Compliance with the Code of Ethics in Practice for the Governance of State Bodies and all other relevant legislation is adhered to and a Register of Legal Obligations is maintained.	1. Register of Legal Obligations is maintained ensuring that the MC is in compliance with all relevant legislation. 2. Comprehensive Corporate Governance Compliance Checklist to be developed for presentation to incoming Council members.	1. RLO is maintained and updated to reflect changes in all relevant legislation.Q1-Q4 2. Corporate Governance Compliance Checklist is developed. 3. Compliance Checklist is monitored to ensure full compliance.	Q1 - Q4 Q2 Q3
SO 6.7) Optimise the use of Medical Council resources	Devolved Budget is managed appropriately.	The Sectional Budget is maintained and reports provided to the Head of Section and Director as appropriate.	Sectional budget is managed and maintained effectively.	Q1 - Q4
SO 6.4) Organisational processes are effective and user friendly	Online workforce management system is in place and effective, providing appropriate supports to line managers and SMT with enhanced reporting capabilities to address absence levels and in managing their staff.	Online HRM System provides support to line managers in managing their relevant teams. Enhanced reporting capabilities are provided to analyse and address absence levels. Training and support is provided to ensure knowledge of system is sufficient to provide up to date reporting on	Effective Online HR system is in place and provides appropriate HR information and assistance to SEO and SM Teams in managing employees.	Q1 - Q4

		relevant HR issues to SMT.		
SO 6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate	Based on the output from the PMDS and other organisational considerations, develop a training and development plan through the on-line HRM solution and ensure delivery of appropriate and relevant training programmes and related initiatives	1. Annual PMDS is conducted and analysed, information from which is input into the Training and Development Plan. 2. T&D Plan is in place and appropriate training is delivered to staff.	1. PMDS process completed following finalisation of BP 2013 2. T&D plan finalised following input from PMDS process - Q1 Appropriate training is delivered, reviewed and results analysed for effectiveness.	Q1 Q1 Q1-Q4
SO 6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate **SO 6.7)** Optimise the use of Medical Council resources	Provide a high quality human resource management service, including in areas of recruitment and selection, induction and staff engagement, employee support and welfare, to support an appropriate and effective industrial relations/ human resource management culture in the organisation	Develop, promote and manage quality HR management processes and procedures through the on-line HRM solution.	Effective reporting of HR related activities reported on SMT dashboard	Q1 - Q4

Finance

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

This Section is led by the A/Director of Finance & Administration, supported by two Senior Executive Officers, one Executive Officer and one Clerical Officer.

Strategic Objective	Intended Outcome	Action	KPI	Timeframe
SO 6.6) Ensure ongoing financial security of the Medical Council	Cost savings and efficiencies achieved on non fixed operational overheads.	Review of all cost items to identify areas to achieve savings and efficiency. Implement robust budget process and monitor sectional costs against budgets.	Achieve 2.1% saving on non-fixed overhead expenditure compared with 2010 actual equivalent.	Q1-Q4
SO 6.6) Ensure ongoing financial security of the Medical Council	Decision to purchase or continue to rent Kingram House concluded.	Undertake negotiations and legal activities to achieve a significant reduction in annual rent and link to market value of property.	Final decision on Kingram House concluded.	Q1-Q4
SO 6.4) Ensure that organisational processes are effective and user friendly	Directorate/ Sectional Budgets set and managed.	Set Directorate/Sectional budgets giving responsibility to each head of section to manage their individual sectional budgets.	Reports on performance against budgets. Corrective action taken.	Q1-Q4

SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Effective committee support in fulfilment of Council's statutory responsibilities MPA 2007.	Facilitate Committees and Working Groups through effective support and administration.	All scheduled and unscheduled meetings of committee and sub-committees are organised, held, minuted and actions arising for the Section are completed.	Q1-Q4
SO 6.4) Ensure that organisational processes are effective and user friendly	Data collection processes in place.	To access appropriate, relevant and timely data which will provide feedback on the effectiveness/ success of operational activities and be supported by metrics to measure these activities.	The data sets reflect and measure all relevant activities within the Section.	Q1-Q4
SO 6.4) Ensure that organisational processes are effective and user friendly	Automation of Expenses payments.	Implement software to automate management of expense claims.	Expense claims automated.	Q1
SO 6.4) Ensure that organisational processes are effective and user friendly	Increased interaction by the profession with OPD.	Cooperate with other sections to ensure maximum accessibility to the profession to OPD.	% fees processed through OPD.	Q1-Q4
SO 6.6) Ensure ongoing financial security of the Medical Council	Risks managed in accordance with the risk management policy and procedures.	Regular review and management of relevant risks.	Quarterly	Q1-Q4
SO 6.1) Ensure that organisational processes are effective and user friendly	Integra Finance Upgrade.	Upgrade of Integra Finance system.	Integra upgrade implemented.	Q1

SO 6.1) Ensure that organisational processes are effective and user friendly	Manage internal Audit process.	Internal audit assignments carried out and reported to Audit Committee.	4 internal Audit assignments carried out and reported to Audit Committee.	Q1- Q4
SO 6.1) Ensure that organisational processes are effective and user friendly	Publish annual audited accounts.	Prepare and have audited annual accounts.	Annual accounts audited and published.	Q1

Operations & ICT

The main functions are to control the delivery of technology, operations and services to various lines of the business and to oversee technology related changes to operational and business processes. ICT specific responsibilities include system conversion, infrastructure upgrades, project management and system maintenance whilst operationally some areas the section is responsible for include, procurement procedures, document management, Health & Safety and preventative maintenance

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

Strategic Objective	Intended Outcome	Action	KPI	Timeframe
SO 6.4) Ensure that organisational processes are effective and user friendly **SO 6.7)** Optimise the use of Medical Council resources	Knowledge gathered to inform the design and roll out of the Council's Corporate Procurement Plan 2013	Conduct Procurement Performance review 2012	1. Procurement performance report prepared for Senior Management team. 2. Reformation of procurement strategies, goals and policies 2012.	Q1
SO 6.4) Ensure that organisational processes are effective and user friendly SO 6.7) Optimise the use of Medical Council resources	Roll out of Corporate Procurement Plan (CPP) 2013-2015	Design and roll out CPP 2013-2015 incorporating High level goals and objectives and mapping organisation wide procurement calendar.	Procurement plan signed off by Senior Management team and rolled out to all staff.	Q1-Q2
SO 6.6) Ensure ongoing financial security of the Medical Council	Management of procurement processes 2013	Manage upcoming planned procurements 2013. Tenders include Security, PR, DR, IT (desktops).	Tenders conducted for all key focus areas listed in CPP for 2012.	Q1-Q4

SO 6.6) Ensure ongoing financial security of the Medical Council	Improved management of the company's fixed asset data and improved overall fixed asset accounting process	Administration and Maintenance of Fixed Asset Management System.	Fixed asset data base up to date as MC balance sheet Asset take on conducted on a monthly basis.	Q1-Q4
SO 6.6) Ensure ongoing financial security of the Medical Council	Improved purchasing controls	Administration and Maintenance of PO system.	Purchasing activity in line with CPP goals and Purchasing SOP.	Q1-Q4
SO 6.6) Ensure ongoing financial security of the Medical Council	Contract Compliance and management is monitored on an ongoing basis	Maintain centralised contract database and oversee contract administration, monitoring and review.	1. Improved management of contracts. 2. Reduction in % of non-contract spend. 3. Reduction in contract related expenditure.	Q1-Q4
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Medical Council is compliant with all Health and Safety legislation	Carry out regular H&S Audits.	Compliance with H&S Legislation.	Q1-Q4
SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Preventative Maintenance (PM) Schedule in place for Lynn House and Kingram Place	Tender for new PM supplier and ensure PM Supplier carries out PM Plan and Audit same on a Monthly basis.	Tender completed. Supplier in place. M&E Plant operating to an optimal level.	Q1-Q4

SO 6.4) Ensure that organisational processes are effective and user friendly	All desktops updated from Windows XP to Windows 7	Development, UAT and phased deployment of Windows 7 professional desktop image to all users to replace Windows XP.	All desktops on current system are supported by Microsoft operating system. Standard ghost image deployed.	Q3
SO 6.4) Ensure that organisational processes are effective and user friendly	Ensure we have correct software licences in place.	Software audit.	All software licensed. Costs minimised.	Q4
SO 6.4) Ensure that organisational processes are effective and user friendly	Unified specific aspects of Telecommunications	Upgrade of phone system and new software system to facilitate remote video conference.	Cost savings on telephony, T&S expenses.	Q3
SO 6.4) Ensure that organisational processes are effective and user friendly	Implementation of priority components of Disaster Recovery Plan	Assess DR plan to identify critical components for implementation in 2013.	Remote site and systems redundancy in line with elements of DR plan agreed for 2013.	Q1
SO 6.4) Ensure that organisational processes are effective and user friendly	Go Live OPD Multi Browser Support	Development of OPD for use in most popular browsers.	OPD runs on 99% of computers.	Q1
SO 6.4) Ensure that organisational processes are effective and user friendly	Online Council Election System	Development of Online Election system that integrates with NICS.	Robust and reliable online election system.	Q1

SO 6.4) Ensure that organisational processes are effective and user friendly	Closure of ICT infrastructure Supports to Old Council.	Termination of access rights where appropriate, redeployment of hardware.	Departed members not live on the system, accessing services or using support.	Q2
SO 6.4) Ensure that organisational processes are effective and user friendly	ICT infrastructure support to new Council.	Creation of new accounts, access rights and distribution of training and devices.	New Council members have secure access to extranet.	Q2
SO 6.4) Ensure that organisational processes are effective and user friendly	Enhanced Mobile control and supports.	System to remotely track, manage and erase devices.	Security enhanced - ICT can remotely erase lost devices.	Q2
SO 6.4) Ensure that organisational processes are effective and user friendly	Upgrade of Printing facilities.	Replacement of printers.	Less support issues with printing.	Q3
SO 6.4) Ensure that organisational processes are effective and user friendly	Integra Finance Upgrade.	Upgrade of Integra Finance system.	Integra meets finance requirements.	Q1

Office of the CEO

Communications and Strategy

The Communications and Strategy function sits under the remit of the Office of the CEO and coordinates and manages all aspects of Medical Council communications.

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

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

Strategic Objective	Intended Outcome	Action	KPI	Timeframe
SO 6) Enable effectiveness through appropriate and efficient internal systems and processes	Development of Strategy for 2014-2018.	1. Development of 2014 Strategy for launch by year end 2013. 2. Capture learnings and achievements of current Medical Council. 3. Ensure appropriate continuity between outgoing and incoming council to ensure minimum loss of corporate memory. 4. Oversee process of consultation with key stakeholders as part of strategy development. 4. Work with new Council to establish strategic priorities and document	Strategy developed for launch in late 2013.	Q1-Q4

		same.		
SO 5.1) Develop and implement a comprehensive strategy for public engagement	Improve public understanding of Medical Council role and functions, delivering better engagement and awareness.	1. Delivery of website developments to improve public awareness, engagement and understanding, particularly through interactive content. 2. Mobile website to be developed to improve accessibility and awareness, particularly among those in lower socio economic groups. 3. Knowledge attitudes and awareness survey of general public to be completed. 4. Media management to focus on engagement with journalists to enforce Council's stated objective to be open and transparent in its work.	Specific Communications Plan for the general public completed. Target of 5% increase in website visits, awareness levels of above 70% of general population.	Q1-Q4
SO 5.2) Develop and implement a comprehensive strategy for engagement with the medical profession	Improve knowledge and awareness of various aspects of the Council's role and develop ongoing engagement throughout doctors' careers.	1. Development of website content aimed at the profession, to make processes more user friendly. 2. Improved online engagement through use of the Online Portal 3. Detailed communications plan surrounding annual retention process to be implemented. 4. Detailed communications plan to be implemented for Council elections, to	Increase in website visits and results measured against 2012 metrics. Target of 5% total increase.	Q1-Q4

		ensure engagement and responsiveness from the profession.		
SO 5.3) Develop and implement a comprehensive strategy for engagement with other stakeholder groups	Improved knowledge among elected officials of Council processes.	Presentations to be sought with internal party health committees. Presentation to be sought before Oireachtas Health Committee. All press releases, publications to be submitted to TDs and Senators.	Aim to have held six meetings with key personnel throughout 2013.	Q1-Q4
SO 5.2) Develop and implement a comprehensive strategy for engagement with the medical profession	Improve Medical Council involvement during initial education of medical students.	Primary activities to include the development of bespoke content for students on the Medical Council website and the launch of a Medical Council ethical award in collaboration with medical schools.	Metrics for website visits to be tracked and monitored with the over arching aim of involving Medical Council in professional life of doctors from student days to retirement.	Q1-Q4
SO 6.4) Ensure that organisational processes are effective and user friendly	Data collection processes in place.	Development of Analysis of Website Visits to ensure better measurement of website traffic, effectiveness of online activities and engagement.	The data sets reflect and measure all relevant activities within the section.	Ongoing
SO 6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as appropriate	Deliver improvements in internal communications.	Provide support to the Internal Communications Group in addressing areas of improvement identified by staff.	Improvements in staff communication to be delivered and measured through staff satisfaction survey.	Q1-Q4

SO 5.3) Develop and implement a comprehensive strategy for engagement with other stakeholder groups	An agreed action plan for stakeholder engagement in 2013.	Development of an action plan focusing on particular stakeholder groups based on the recommendations contained in the 2011 Stakeholder Engagement Report and building on work in 2012.	1. Implementation of an agreed Action Plan which will focus on engagements with key groups of stakeholders in 2013. Action plan and metrics developed. 2. Delivery of stakeholder engagements	Q1 Q1-Q4

Cross-organisational

A number Actions will be undertaken in 2013 that will involve cross organisational input to support their achievement. Lead responsibility for projects has been assigned to individual sections.

Strategic Objective	Actions	Target Timescale	KPI/Deliverables
SO 1 - 6)	Continue engagement with the Department of Health to progress actions and activities to support amendments being made to the MPA 2007. Reported quarterly to Council. Lead responsibility: Professional Standards	Q1 – Q4	Quarterly progress report to Council.
SO 6.4) Ensure that organisational processes are effective and user friendly	Enhanced communications through the development of a new communications structure which has responsibility for a number of cross sectional initiatives e.g. online communications group, internal communications group, staff newsletter, staff satisfaction surveys etc. Lead Responsibility: Communications	Q1-Q4	Reports on communications initiatives to be presented to the Communications and Research Group on an ongoing basis.

SO 6.5) Ensure that appropriate corporate governance systems and structures are in place and fully comply with internal and external standards	Ensure Council, Committee and Working Group structures are established to facilitate effective discharge of the Councils statutory functions. Ensure appropriate and adequate continuity exists between the outgoing Council and the incoming Council. Ensure Council, Committee and Working Group structures are fully in compliance with established best practice principles in Corporate Governance. Lead Responsibility: CEO	Q1-Q4	Structure designed and agreed by Council. Learning's from Council documented and provided to incoming Council. Outgoing Council members requested to participate in ongoing Council activities. Review of TOR, Standing Orders and other key documents related to Corporate Governance requirements conducted.
SO 6.6) Ensure ongoing financial security of the Medical Council	Robust Risk Management processes in place Lead Responsibility: CEO/CRO	Q1-Q4	Quarterly report to Audit Committee. Report to Council at each meeting. Report to Senior Management Team at each meeting.
SO 5) Engage proactively with the public, the profession and other stakeholders	Develop Memoranda of Understanding with key health sector institutions to better support the sharing of information and resources in the interests of patient safety and public protection. Lead Responsibility: CEO	Q1 – Q4	Memoranda of Understanding established and published appropriately.
SO 6.1) Ensure a focus on excellence in people management and personal development for Council members and staff as	Performance Management Development System (PMDS) 2013 implemented across the organisation with bi-annual reviews conducted. Monthly Sectional meetings to be held.	Q1 – Q4	PMDS implemented across the organisation with arising Training and Development Plan in place. Sectional meetings are held on a monthly

appropriate	Quarterly All-Staff meetings to be held. Lead Responsibility: Head of Corporate Services & Human Resources		basis. All-Staff meetings are held on a quarterly basis.
SO 6.7) Optimise the use of Medical Council resources	Achievement of strategic objectives across all Directorates enabled through effective and efficient financial management. Management of devolved budget at Sectional and Directorate level. Lead Responsibility: Directors and Heads of Finance	Q1-Q4	Variance from budget, actual and % monitored and reported on to Directorate meetings and via Audit Committee to Council.

Appendix 1

Review of the implementation of the 2012 Business Plan

Highlights and Key Activities

The main areas of activity during 2012 have been aligned to their relevant Strategic Objectives as outlined in the Medical Council's Statement of Strategy 2010-2013.

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

Undergraduate training

In undergraduate medical education, a comprehensive overseas accreditation programme was completed. This involved evaluation of four programmes in Malaysia that have links with Irish Medical Schools and included inspections of a number of clinical training sites in that jurisdiction.

Within Ireland, the University of Limerick medical programme was approved with a condition following an accreditation process which was undertaken in April 2012. Nine programmes of basic medical education (five direct-entry and four graduate-entry) in Ireland are therefore now accredited by the Medical Council having all completed the appropriate evaluation process. An Annual Return Process developed in 2012 will now form the major monitoring tool for these programmes and bodies.

As consumers of undergraduate medical education, students are an important constituency, and interaction with students forms a key part of every medical school visit. An initial development of a student website commenced in 2012 for launch in early 2013.

Sub-Committees for setting and monitoring standards held their inaugural meetings in 2012, and will enable external expertise to continue to be incorporated into Council's quality assurance processes.

Intern training

There were many positive developments throughout 2012 in relation to intern training in Ireland. This included the further development of the National Intern Training Programme under the auspices of the Medical Council's Intern Training Sub-Committee. Additional guidance in relation to remediation of interns was developed and approved in 2012 to provide a framework to support underperforming interns.

An additional 9 clinical sites were inspected in 2012 bringing the total number of approved intern training sites in the State to 47.

Postgraduate training

2012 saw the continuation of Council's schedule of postgraduate accreditation with five training bodies and five programmes of specialist training concurrently assessed against Council's postgraduate accreditation standards. Council's initial schedule of postgraduate accreditation is due to be completed by Q2 2013.

The process to approve programmes of specialist training which have not already been approved by Council as part of the initial accreditation schedule was approved by Council in 2012 and will commence in 2013.

Recognition of specialties

2012 saw the continuing assessment of applications from aspirant specialties against Council's established recognition criteria. The process is a two tier process which in the first instance requires applicants to establish an initial case for recognition, successful completion of which enables these applications to proceed to a full review which includes public consultation. The Specialty Review Group coordinates this process.

Professionalism

The Council's *"Guidelines for Medical Schools on Ethical Standards and Behaviour appropriate for Medical Students",* providing advice on issues including competence, confidentiality, personal and professional interactions, dress, and health were factored into the accreditation processes in 2012 and it was gratifying to see the extent to which this guidance was promoted and supported by Medical Schools and embedded into students' growing professionalism.

Inspector of Anatomy

The Council's Inspector of Anatomy, Professor Ceri Davies, undertook an inspection of all anatomy facilities in medical schools in Ireland and produced a report which made some recommendations. This report highlighted the generally high standard of anatomy amenities in this jurisdiction and will inform Council's future activities in this area. As required by the Act, the Council issued licences to anatomy leads in medical schools with anatomy facilities, and received the relevant returns from the medical schools.

Pre-Registration Examination System

The Medical Council requires all doctors to meet defined practice standards. Doctors who have qualified outside of the EU/ EEA must pass or be exempt from the Council's Pre-Registration Examination System (PRES) if they wish to be registered but do not satisfy the criteria for other registration pathways. This examination is set at the level of medical school exit / intern year entry and includes a computer-delivered multiple choice questionnaire examination (Level 2) and a clinical examination (Level 3) using real clinical scenarios. PRES Level 2 examinations are held by a testing company on behalf of Council, and 2012 saw 85 candidates sitting the PRES Level 2 in various test centres. Two PRES Level 3 examinations were hosted by the Medical Schools on behalf of Council with a total of 62 candidates sitting this examination in 2012.

Examination for Supervised Division

The Examination for the Supervised Division, including an assessment of clinical skills (Level 2), continued in 2012. Open to non-EU doctors who had obtained a post in Ireland in General Internal Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, Psychiatry, Emergency Medicine, or Anaesthesia, this Intern exit level examination tests their competence in clinical judgement, communications, and data interpretation in their particular speciality. Two Level 2 Examinations for the Supervised Division were held, in May and December 2012, with successful candidates subsequently registered in the Supervised Division.

Committee Structure

The revised Sub-Committee structure saw the inaugural meetings of the Setting Standards Sub-Committee and a Monitoring Standards Sub-Committee which provide advice to the PDC on major issues, across the spectrum of undergraduate, intern, and specialist medical education and training. The Intern Training Sub-Committee continued to focus on that transitional year. The Examinations Sub-Committee focussed on the quality assurance of the examinations and the examination results in 2012.

Education and Symposium

On 30th August 2012 the Medical Council held an education and training symposium, with the theme 'From Student to Specialist - Defining Competencies across the Professional Development Spectrum' which provided an opportunity for key stakeholders to share views and develop ideas which will assist in informing the Council's future work in education and training.

Designed to link closely with the Council's work in standard setting, monitoring and accreditation, the symposium delegates included leaders of medical schools and postgraduate medical training bodies, patient representatives, senior health officials and members of the Health Service Executive and Independent Hospitals Association. Workshops explored issues related to the theme including developing student and trainee professionalism; involving patients in developing and assessing doctors; and supporting maintenance of competence for continuing practice.

The event provided an opportunity for key stakeholders to share views and develop ideas which will assist in informing the Council's future work in education and training, and the Council thanks all participants for their valuable insights at the event. With keynote speaker, Dr Eric Holmboe, Chief Medical Officer and Senior Vice President of the American Board of Internal Medicine and the ABIM Foundation, delegates were provided with an excellent presentation on the challenges of taking a competency-based approach to the medical education, training and continuing professional development of doctors and the implications which arise for curricula, assessment, faculty and patients.

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

Assessment of applications

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

Criteria for Specialist Registration

A review of Postgraduate Training Body processes regarding the assessment of applications to the Specialist Division was undertaken in 2011 with a view to standardising the criteria for assessment of these applications, thereby ensuring their compliance with EU/ EEA legislation (EU Directive 2005/36/EC) and the MPA 2007. This project delivered a draft agreement issued to all PGTBs detailing requirements of both the Council and the PGTBs. Progress on supporting structures for the agreement are well developed with a view to finalisation in 2013.

The Register

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

Engagement with Stakeholder Groups
The Executive continues to attend a number of meetings with various national and EU Union fora relating to the EU Commission's proposed revision of EU Directive 2005/36/EC.

Ongoing engagements with the HSE, Postgraduate Training Bodies and Medical Manpower Managers in relation to all relevant matters concerning registration, in particular to the Supervised Division, took place throughout 2012.

Introduction of the Annual Retention Application Form Process
This year saw the introduction of retention for registration through the annual retention application form (ARAF), which requires practitioners to mandatorily complete the ARAF in order to complete annual retention.

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

New performance procedures become operational
Building on work in 2012 to design and develop new performance procedures, and following consultation and making of Further Rules for the Maintenance of Professional Competence, the Medical Council's new performance procedures became operational in 2012. These procedures provide for an assessment of a doctor's performance in practice in response to concerns about maintenance of professional competence.

New arrangements to monitor and audit doctors' maintenance of professional competence
In June 2012, the Medical Council commenced its monitoring of doctors maintenance of professional competence through its annual retention application form. Doctors were asked to declare that they were maintaining professional competence in line with new legal requirements. These declarations were collated and in December 2012 the Medical Council selected doctors to participate in audit wherein they were asked to submit evidence to support the declaration made earlier that year regarding maintenance of professional competence.

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

Management of Preliminary Proceedings Committee functions
Following a review of the PPC processes and procedures, revised procedures for the processing of complaints received through the PPC were developed and approved by Council for publication in February 2012.

As part of the review a requirement for additional investigative support for the PPC was also identified. Arising from this, a business case requesting the creation of six Case Officer posts was submitted and subsequently approved by the Department of Health. Case Officers were appointed to assist the PPC in the investigation of complaints and, in order to ensure the necessary skills to assist the PPC, a comprehensive training programme was developed by 2 Collaborate and McDowell Purcell Solicitors and has been accredited by the Chartered Institute of Arbitrators.

The training programme was carried out over a period of 6 months and was delivered by trainers from organisations such as 2 Collaborate, McDowell Purcell Solicitors, La Touche Training, the Rape

Crisis Centre and the Mental Health Commission. The Case Officers as part of the training programme completed assessments and assignments on each module and are required to maintain the Continued Professional Development.

Complaints against registered doctors continued to be investigated in an efficient and transparent way by the Preliminary Proceedings Committee (PPC) with management of approximately 36 new complaints per month in 2012 compared to 32 complaints in the previous year. A total of 423 new complaints were received in 2012, representing a 13% increase from 2011. The PPC made decisions on relation to 396 complaints and referred 56 complaints to the Fitness to Practise Committee (FTPC) for inquiry.

Fitness to Practise Inquiries

The inquiry caseload continued to be managed by the FTPC which, during the course of 2012 completed 40 inquiries over 100 days and held 11 separate Call-over meetings to hear preliminary issues arising in respect of the inquiries.

Of the inquiries heard, 4 reports are waiting to go before Council for consideration; conditions have been attached to 5 doctors' registrations; there has been cancellation of registration for 2 doctors; 3 doctors were suspended; 4 doctors received advice/admonishment/censure; 11 doctors were found not guilty and a further 11 provided undertakings to the Fitness to Practise Committee.

Ethical Guide

The Ethics Working Group completed a review of relationships between practising doctors and industry and the resulting guidance was published on the Medical Council website in October 2012.

Monitoring Group

The Monitoring Group continued to monitor doctors with conditions attached to their registration and to facilitate compliance with these conditions. As at December 2012 20 doctors were taking part in monitoring processes.

Legal Advice to Council and Other Sections

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

Health Sub-Committee

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

The Health Sub-Committee continued to offer its support and advice to doctors who were referred by Council, who provided undertakings to the FTPC (section 67), were referred by third parties or who self referred in 2012.

A review of the Health Sub-Committee was conducted and presented to Council in December 2012 and arising from which it was agreed that a Memorandum of Understanding (MoU) would be developed between the Medical Council and the Sick Doctors Scheme. This MoU will enable enhanced engagement with doctors with health problems and a clear well publicised mechanism for referral of non-compliant doctors or those with potential misconduct issues to the Medical Council in 2013.

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

Communications Strategy 2012

The Communications Strategy for 2012 encompassing proactive engagement with the public, profession and other stakeholders was developed and implemented with strategic direction provided by the Communications and Research Group.

Online

The Medical Council website, www.medicalcouncil.ie is the primary communications resource for the public, profession and stakeholders. There were approximately 450,000 visits to the website in 2012 which was continuously updated in line with the information needs of various audiences. The website contains information on the Council's work at strategic level, including business plans and summary minutes of Council meetings, in addition to information on the Council's operational level activities. Information on registration requirements and verification of a doctor's registration status was the most popular site content in 2012. Continued monitoring of website visits was conducted to assess areas where website content could be updated and improved.

A Medical Council conference on the subject of professionalism was held in the Royal Hospital Kilmainham and streamed live on the Medical Council website. In addition to 150 delegates attending the main conference event a number of delegates watched the event online, with over 100 delegates interacting with the Council website during the conference by scanning a Quick Response bar code, on conference packs via their smart phone. A programme of four interactive workshops on topics such as clinical audit, professional performance, doctors' health and management of complaint also featured as part of the conference.

The Medical Council issued four E-newsletters in 2012 covering a range of different themes relevant to the profession including Council's new rules governing the annual retention process, professional competence audit procedures, and the Council's Education and Training Symposium. Our E-newsletters are available to view on the Medical Council website.

Research

The Council engaged in research during 2012 to assist in explaining various aspects of its role and also gain a more detailed understanding of its audiences.

A survey to assess Public Awareness and Confidence in the medical profession was published in October 2012. This research found that doctors remained the most trusted profession in Ireland, while over 90% of those surveyed were satisfied with the performance of their doctor.

Research undertaken as part of the annual retention of registration process found that 93% of doctors registered with the Council had practised medicine in the past 12 months, with 75% working solely in the Republic of Ireland, 15% working outside of the Republic of Ireland and 10% working both in Ireland and abroad.

The Council is committed to undertaking research projects to inform the development of procedures and communications activities, and further research projects will be published in 2013.

Media

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

The Medical Council continued its commitment to raising awareness of public fitness to practise inquiries, providing updates on forthcoming inquiries for the media and general public to attend. Interviews were secured in the national press and broadcast media on areas such as the introduction of performance procedures, guidance on the relationship between doctors and industry, complaints and inquiry statistics and public trust in the medical profession.

Publications

The Council developed a range of publications in 2012. In addition to the Council's first on-line and interactive Annual Report the annual business plan, revised PPC procedures and guidance to the profession on relationships between doctors and industry were published to highlight the most prescient information for the respective audiences. All Council publications in 2012 are accessible via the Medical Council website.

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

Strengthening Communication and Collaboration within the Health System

The Medical Council was proactive in 2012 in communicating with a number of key stakeholder groups, representing patients, doctors, employers and other relevant organisations within the health system. These interactions continued to be monitored and their value measured thereby setting a path for continued development of the ways in which we engage with these audiences in 2013.

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

The Tripartite group (Medical Council, HSE and Forum of Postgraduate Training Bodies) continued to meet in 2012 to discuss issues of mutual interest and solutions to these issues were implemented where appropriate.

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

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

Engagements with elected representatives

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

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

Council processes

Council members continued to receive Council documentation electronically realising savings in both cost and human resources. Additional ICT functionality was introduced whilst maintaining the security of this sensitive and confidential documentation via use of a secure extranet system. This electronic document management system was expanded in 2012 and rolled out to other Committees and Working Groups.

Business Planning

The Business Plan for 2012 was developed by the Executive and approved by the Council on 26th January 2012. The Medical Council's Balanced Scorecard set 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 this scorecard, which provided both the Medical Council and its external stakeholders with a clear and straightforward mechanism for measuring the organisation's performance in areas of greatest strategic importance, was incorporated into the CEO's report to Council in the latter half of 2012 to streamline our reporting processes.

The Business Plan for 2013 was prepared in Q4 2012 for approval by Council in January 2013. An online survey process enabled the organisation to gather feedback from the Executive at Directorate and Sectional levels, from which the development of the Business Plan for 2013 arose. This collaborative approach has encouraged members of staff to engage further in the process and to develop awareness of the organisation as a whole.

This plan was presented to Council in January 2013 for review and subsequently approved.

Risk Management

A Risk Management Framework was developed in 2011 to identify and plan for issues that may impact on the successful delivery of the Medical Council's strategic and operational objectives. An independent review of this framework was conducted in Q3 2012 with positive findings reported to Council, commending the current risk management procedures and processes. With risk management featuring as a key item for both the Council and Executive it remains a standing item on all meeting agendas.

Corporate Governance

In line with best practice in corporate governance a developmental day for Council members took place on 12th December 2012 at which topics including risk management, strategy and legislative requirements were discussed. The information arising from this will be incorporated into the planning process for the new Statement of Strategy 2014-2018 and this new Term of Office.

Internal Audit

The Medical Council is fully committed to maintaining effective financial management and reporting. This is ensured through the operation of an internal audit function. Due to the size of the organisation this function is appropriately outsourced, with two internal audits conducted in 2012 focusing on the ICT function and a comprehensive review of internal financial controls.

In addition to these internal audits a comprehensive review of financial controls and procedures was carried out. Other sections within the directorate were also reviewed to identify areas for process improvement and realisation of further efficiencies i.e. ICT and Human Resources.

Revenue

The target of 3.33% diversity of revenue streams was exceeded in 2011 and achievement of the figure of 2.5% for 2012 is on target with income from the accreditation process of Postgraduate Training Bodies, new specialties and investment income continuing to provide revenue. The successful letting of the Medical Council's premises at Lynn House, Rathmines also provided an additional income stream in 2012. A medium term financial plan was developed in 2011 to map the Medical Council's financial structure enabling better planning in line with best practice and this plan continues to provide strong direction in this area. The budget for 2013 was prepared and presented to Council by the Audit Committee in January 2013.

Human Resources

Following the establishment of an internal HR function in 2011 a number of HR initiatives were developed including the Performance Management Development System (PMDS) which was rolled out to all staff in January 2012. Interim reviews were conducted in mid-year and the end of year reviews are taking place from January 2013. Once the PMDS reviews have been carried out an analysis will be conducted to inform an organisational Training and Development plan for 2013.

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

- a staff mobility policy continued to be part of the Council's HR programme in 2012 and was implemented across the organisation where resource requirements were identified and redeployment within equivalent grades was feasible.
- a repeat Staff Satisfaction Survey was conducted in 2012 in line with the HR strand of internal communications and the strategic objective of focusing on individuals' welfare and work-life balance with a 4.8% satisfaction increase across the organisation. Feedback arising from this survey will be further assessed through a series of staff workshops in early 2013 and a repeat survey will be also conducted in 2013.

Internal Communications

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

ICT Systems

Implementation of the On-line Portal for Doctors (OPD) was completed in Q1 2012 which facilitated number of on-line processes including those for applications for retention of registration, change of addresses, fee payments etc.

An upgrade of operating systems on core servers to continue to meet business requirements was completed in addition to the implementation of Documatics Legal Evolve Case Management software, including electronic brief creation functionality to support the Preliminary Proceedings function.

Disaster Recovery and Business Continuity

After consultation with all Sections of the organisation, a comprehensive Disaster Recovery and Business Continuity Plan was developed, the recommendations from which were implemented in

2012. Planning for disaster is essential in ensuring that the continuity of business is attained in circumstances outside of normal occurrences i.e. flooding, ICT systems failure, breach of security and this plan has been developed to mitigate against any such disasters and ensure business continuity.

Procurement

The Medical Council is committed to meeting its obligations under the National Public Procurement Policy Framework. A number of procurement related initiatives were conducted in 2012 with a view to heightening procurement awareness and achieving value for money in all purchases of goods and services.

A number of significant tender processes were completed in 2012 including provision of Stenography services and the provision of an on-line strategy for website development.