Medical Council
Statement of Strategy
2014 - 2018
Foreword from the Council President

Protection of the public is at the core of the Medical Council’s role. As Council President, I am delighted to present our strategy, which aims to enhance patient safety in Ireland over the next five years.

This is only the second formal statement of strategy by the Medical Council. The first one, produced in 2010, served the Council, the public, patients and the medical profession well, underpinning the implementation of the Medical Practitioners Act.

This five-year strategy aims to build on the achievements of the first strategy, guided by a new vision, mission and values to reflect the Council’s role in the current times.

This simple and straightforward document maps out the six key priorities for the next five years and sets down the vision, the mission and the values that will underpin the Council’s work.

Many organisations lose their way because they fail to remember the purpose for which they were established. They fail because their vision may not be set down well enough or may not be simple enough. Bodies fail too because the turning of the vision into practice, the mission, may not be clear enough or the mission may not be underpinned by values.

The Medical Council defined its vision, mission and values and has sought to keep its eyes on the road ahead. I am committed to this strategy being the guide for the Council and will keep it on the table at each of our meetings so we can be reminded of why we are here, why we are taking the journey and what we want to achieve.

Outcomes are now a key measure in all parts of life. In education, in administration, in medicine, measuring outcomes is vital. In this strategy we have rightly put the focus on knowing the effectiveness of our work so that we stay on the right path.

Leadership is an important aspect of this statement of strategy. Through our work we aim to gain the support of the public, profession and partner organisations and earn the collective trust of those we regulate and serve.

By building this trust and support, the Medical Council can offer leadership and guidance where needed and help to further progress a shared vision for patient safety in Ireland, which will be collectively achieved.

Being effective as a Council and a regulator will require us to balance the views of the profession and of the public and patients we all serve. I ask for all your support and engagement in finding that balance in the interests of protecting the public.

Professor Freddie Wood

President
Introduction from the CEO

I am pleased to introduce the Medical Council’s strategic plan for 2014-2018. This plan sets out the direction for the Council over the next five years. Annual business plans will guide the implementation of the strategy and performance indicators will measure its success.

The development of this strategy was a truly collaborative process, with the views of approximately 1,000 members of the public, 700 doctors, and over 40 partner organisations informing Council’s decision-making. Collaboration and engagement with the public, the profession and the wider sector is a strategic priority over the next five years. We are conscious that good professional practice is enabled by a supportive working environment, and we are committed to working with employers and policy makers to enhance medical manpower planning and to foster a culture of lifelong learning for doctors throughout the health system.

This strategy outlines six key objectives to be addressed over the next five years and will be underpinned by five values, which are core to how we work. As an organisation, we set high standards for ourselves and for the doctors and organisations we regulate. It’s important that it is clear to all of our partners that we are operating in line with best practice in all areas of our work. The scope of our remit is broad, encompassing the full continuum of a doctor’s practice, from the moment they enter medical school until the day they retire from practice. Given this, we must deliver a measurable impact with limited resources and be focused on utilising our resources to best effect.

I would like to thank the members of the Strategy Working Group, Council and staff for their work in the development of this strategic plan. The collective insights provided throughout the strategy development process have supported the creation of six ambitious objectives which provide us with a clear roadmap for the next five years. We look forward to working together with patients, doctors and our partner organisations to realise our vision and work to the benefit of patient safety and public protection in Ireland.

Ms Caroline Spillane
Chief Executive
About the Medical Council

Through the regulation of medical doctors, the Medical Council enhances patient safety in Ireland. In operation since 1979, it is a statutory organisation, charged with supporting and ensuring good medical practice. It ensures high standards of education, training, and practice among doctors, and acts in the public interest at all times.

The Council is noteworthy among medical regulators worldwide in having a non-medical majority. The Council is comprised of 13 non-medical members and 12 medical members, and has a staff of approximately 70.

The Medical Council’s key responsibilities include:

- **Maintaining the register of medical practitioners**
  In December 2013, approximately 18,000 doctors were registered, allowing them to practise medicine in Ireland.

- **Defining and applying standards of medical training and education**
  The Medical Council is responsible for setting and monitoring standards at undergraduate, intern and postgraduate level.

- **Promoting good medical practice and overseeing doctors’ continuing professional development**
  The Medical Council provides guidance to doctors on matters related to professional conduct and ethics. In May 2011, it became a legal requirement for doctors to maintain their professional competence by engaging in lifelong learning and skills development activities.

- **Investigating complaints against medical doctors**
  Responding to concerns and taking action to protect the public, where necessary.
Background and Context

The Council’s first statement of strategy was published in 2010, at a time when a new piece of governing legislation (the 2007 Medical Practitioners Act) significantly changed the role and remit of the Council in areas such as education and training, registration and complaints handling.

The Council’s role has evolved, grown and changed in recent years. In developing a new statement of strategy, it was important that the Council reflected on its current position and purpose and developments in the health and regulatory sectors within which it operates. It was also imperative to listen to the views of doctors, members of the public, leaders in the health sector and a range of other partner organisations. Extensive research with 1,000 members of the public and 700 doctors, as well as consultation with over 40 partner organisations was conducted to ensure that the Council considered a wide range of views in developing its strategic direction. A summary of key themes emerging from this research and consultation process is provided below.

The need for leadership

The need for leadership within the health system was a theme that emerged throughout the Council’s consultation process. The Council cannot impose itself as a leader, but through its work it can inspire others to look to it for leadership. To be effective, the Council must create a vision for patient safety in Ireland that resonates with the public, doctors and partner organisations, and set goals which will be jointly achieved. The Council must look particularly at how it is viewed by the public and profession so that it can emerge as a leader who will be looked to for guidance.

Patients trust their doctor

Research conducted by the Council since 2011 has consistently shown that the vast majority of patients in Ireland are very satisfied with the care they receive from their doctor. Doctors are viewed as trustworthy and ethical by the general public. The Council is conscious of the need to support and enhance this view through its work in setting and monitoring standards of medical professionalism.

Council must balance the needs of the public with those of the medical profession

Through its work, the Council promotes good professional practice among doctors in the interest of patient safety. It is clear in talking to patients and doctors, that there may be very different views as to how the Council can be most effective in its role. The Council must try to balance the needs and opinions of the public and those of the medical profession in determining the course of action it believes will best deliver improvements to patient safety in Ireland.
Retention of doctors on the medical register

Between January 2010 and December 2013, approximately 5,800 doctors were newly registered with the Council, entitling them to practise medicine in Ireland. Meanwhile, over the same period, approximately 6,300 doctors withdrew their names from the medical register. Research conducted by the Council found that after those of retirement age, doctors aged 25-34 were most likely to leave the register. There were also higher-than-average exit rates from doctors who qualified outside of Ireland.

Ensuring that all new applicants meet the high standards necessary to safeguard Irish patients presents significant resource implications for the Council. Retention of highly skilled doctors within the Irish health system has emerged as a critical issue requiring attention. The Council must take steps to ensure that younger doctors are provided with the necessary support to develop a career in Ireland, while doctors who qualified abroad are supported to stay and build a career here.

Enabling good practice

The Council’s work to promote high-quality education, training and lifelong learning, through postgraduate accreditation and professional competence, for example, is in an early stage when compared to other aspects of its work. An important area of focus for the Council will be to oversee the way its work develops so that it best supports doctors’ practice in a changing health system. A doctor’s practice of medicine is influenced not only by his or her knowledge and skills, but also by the environment in which he or she operates. The Council will focus on working with others, particularly in the area of clinical governance, to best support and enable good professional practice.

Doctors’ health

The health and wellbeing of doctors is an important consideration in the delivery of healthcare services. Like their patients, doctors may experience difficulties with their physical and mental health that can impact on their ability to practise. The Council’s duty to support doctors whose ability to practise may be impaired is an important one, and the Council will focus on doctors’ health and preventative measures to support doctors during the course of its term.

The need for effective collaboration

For the Council’s work to have a real impact, it must be part of and positively contribute to the development of a wider environment that is focused on ensuring the safety of patients. It is important that the Council helps to shape health policy by collaborating with others in the health service and informing their work. The Council must lead by example and remain an independent and objective voice while also ensuring engagement and inclusivity.
The importance of the governing legislation

The Medical Practitioners Act 2007 is the legislation governing the Council’s work and sets out its role and functions. At European level, EU legislation provides for freedom of movement of professions, including doctors, among member states. A range of other legal frameworks impact on the Council’s role and in some instances can enable or constrain its decision-making. Issues such as assessment of English language proficiency, the proposed European Professional Card and minimum training requirements are legislative proposals that impact on the Council’s ability to set and implement standards. There have been on-going discussions with the Department of Health regarding potential amendments to the Medical Practitioners Act to help the Council to work more effectively. It is vital that the Council is active in recommending changes where they are needed to support its work.

Maintaining a sustainable business model

The financial position of the Council has been influenced significantly in recent years by its greatly expanded operations. Over the course of the last statement of strategy, the Council’s role expanded to include greater oversight of education and training as well as lifelong learning requirements for doctors, and the handling of an increased number of complaints. Against this backdrop, a programme of operational cost-cutting was successful in reducing, rather than eliminating, annual losses. Conscious of the financial constraints on doctors in a time of recession, registration fees were increased modestly in 2013 for the first time in five years. Fees will be kept under continuous review, and the Council must direct its limited resources to the areas that will have the greatest impact in enhancing patient safety. Engagement with the Department of Health is imperative in developing an effective financial strategy over the course of the Council’s term.
Vision

The Medical Council’s vision is:

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

Mission

The Medical Council’s mission is:

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

Values

The core values of the Medical Council are:

We make independent, informed and objective decisions and we are accountable for them

We act in a respectful, fair, empathetic and consistent manner

We lead by example, setting high standards for ourselves and for the doctors and organisations we regulate

We strive to further enhance trust between patients, doctors and the Medical Council

We encourage diversity, engagement and learning to help us be a better organisation
Our Strategy

The Council has six strategic objectives for its term:

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

Develop an effective & efficient register that is responsive to the needs of public & medical profession

Create a supportive learning environment to enable good professional practice

Maintain confidence by developing a proportionate and targeted approach to regulatory activities

Enhance patient safety through research & greater engagement

Develop a sustainable & high performing organisation

Build an organisational culture that supports leadership & learning

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

Providing leadership to doctors in enhancing good professional practice in the interests of patient safety
Strategic Objective One

Develop an effective and efficient register that is responsive to the changing needs of the public and the medical profession.

We will ensure that all doctors on the register are safe to practise through an increasingly integrated approach to their initial and continued registration.

We aim to achieve this goal by:

1  Ensuring safe pathways onto and within the register
   - Establish an on-going programme to review registration rules and procedures, and revise as necessary. Ensure registration procedures support appropriately qualified and trained doctors to attain registration.
   - Implement programmes which better enable safe and appropriate access to practice for doctors entering the register and moving within its divisions, including engagement with employers on matters such as induction and orientation.
   - Communicate with those who recruit and employ doctors to promote better understanding of the purpose of the register, its distinct divisions and assessment criteria for entry to practice.

2  Pursuing operational excellence in registration processes
   - Finalise and operate a framework of continuous improvement to ensure registration processes are of the highest possible standard.
   - Establish internal and external quality assurance arrangements to improve the quality of our registration processes.

3  Ensuring registration processes respond to legislative change
   - Respond quickly to national legislation changes that impact on registration processes.
   - Ensure timely response to legislation amendments at European level which impact on registration processes, including amendments to EU Directive 2005/36/EC.

4  Ensuring that continuing registration reflects continuing fitness to practise
   - Oversee compliance with conditions attached to doctors’ registration, including health-related conditions, through governance and monitoring arrangements.
   - Ensure doctors confirm continuing fitness to practise at retention of registration, including their maintenance of professional competence.
What are the intended outcomes?

- Registration processes, including pre-registration examinations, which allow appropriately qualified doctors straightforward access to the practice of medicine in Ireland.

- Recruiter and employer arrangements for entry to practice aligned with registration processes for safe and appropriate access to practice.

- Our registration services are considered efficient and effective.

- Legislation is implemented as soon as it is enacted.

- An effective framework is in place for the retention and remediation of doctors, and the monitoring of doctors who have conditions imposed which restrict their practice.

How we will measure effectiveness

- External accreditation of the registration processes achieved by 2015.

- Increase in the use of the Supervised Division by the HSE.

- Measures developed to evaluate the effectiveness / quality of our registration processes, including turnaround time.

- Rule changes in response to new legislation implemented within an appropriate timeframe.

- Monitor outcomes of annual retention process.

- Monitor outcomes of cases referred for performance assessment.
Create a supportive learning environment to enable good professional practice.

We will deliver measurable improvements in the quality of education, training and lifelong learning for doctors.

We aim to achieve this goal by:

1 **Defining and communicating what it means to be a good doctor**
   - Publish guidance on good professional practice for doctors, which is in turn shared with the public, and support the development of good professional practice through access to high-quality undergraduate education, postgraduate training and lifelong learning.
   - Ensure learning outcomes are defined at each stage of professional development which reflect our framework of competencies applicable to all doctors; namely the Eight Domains of Good Professional Practice.
   - Drive consistency in student fitness to proceed by producing guidance for medical schools and monitoring implementation.

2 **Shaping high quality learning environments for doctors**
   - Continue our programme of accreditation, building on our role at undergraduate level, while developing our newer role in postgraduate training. This will be grounded in an evidence based and targeted approach, including collating and responding to research on trainee views.
   - Continuous review of our accreditation standards incorporating international best practice to ensure our accreditation activity is of the highest standard and meets the changing needs of the medical profession.
   - Complement our education standards through publication of thematic guidelines to drive improvements in key aspects of the clinical learning environment.

3 **Enhancing lifelong learning and specialisation opportunities for doctors**
   - Review professional competence system and implement recommendations for enhancement. This will include professional competence requirements to ensure a focus from doctors on review, including peer review, data and outcomes.
   - Evaluate the way medical specialties are recognised and make any necessary improvements based on this evaluation.

4 **Fostering good health among doctors**
   - Publish guidance on health in practice, which is promoted through our role in education, training and lifelong learning. This will highlight the need for learning and training institutions to support student and trainee wellbeing.
   - Review our health procedures to ensure they facilitate an appropriate response for doctors with health concerns. Establish formal arrangements to allow us to work more closely with partner organisations.
   - Provide support to individual doctors through the Council’s Health Committee to assist them to pursue good practice.
What are the intended outcomes?

- The medical profession and the public have clear direction on what it means to be a good doctor.
- The quality of the system of medical education, training and lifelong learning is enhanced through accreditation, thematic reviews, and guidelines.
- Our expectations of clinical sites as learning environments are articulated, communicated and applied.
- A more targeted and effective approach to our system of maintenance of professional competence.
- Guidance on health for good practice and better support for individual doctors where this is required.

How we will measure effectiveness

- Revised and updated guidelines on good professional practice for doctors.
- Regular reviews of doctors’ knowledge and attitudes to our guidance on good professional practice.
- External validation of Medical Council standards and processes for accreditation in medical education.
- A review of our current professional competence systems.
- Regular monitoring of doctors’ experience of professional competence systems.
- Monitoring of outcomes of Medical Council health procedures.
Strategic Objective Three

Maintain the confidence of the public and profession in the Council’s processes by developing a proportionate and targeted approach to regulatory activities.

We will oversee a more effective and appropriate approach to resolution of complaints by working with external partners, implementing reforms and learning from experience.

We aim to achieve this goal by:

1 Influencing enhanced procedures to progress complaints throughout the health system
   - Develop a framework with employers in the private, public and voluntary health sector to ensure that complaints are addressed properly and at the appropriate level in the system.
   - Work with complainants and patient advocacy groups/representatives to ensure clarity on the system for resolution of complaints, including when complaints should be dealt with by the regulator.
   - Manage the Council’s complaints and inquiry process in a fair and cost-effective manner.
   - Work with the Department of Health, other relevant government departments and international regulatory networks to ensure legislation at national and EU level supports effective and appropriate resolution of complaints.
   - Make targeted and appropriate use of procedures to assess and remediate doctors’ performance in response to concerns.

2 Safeguarding the integrity of the register
   - Implement reforms in complaints management processes that improve patient protection and reflect good practice: This will include Preliminary Proceedings Committee procedures, Fitness to Practise inquiry procedures and guidance on indicative sanctions.
   - Ensure that complaints are progressed quickly and efficiently, within published timeframes.
   - Improve appropriate transparency in our complaints handling processes by ensuring consistency in the release of documentation.

3 Learning from experience
   - Ensure themes and issues emerging from the Council’s complaints and inquiry processes are captured, analysed and inform the development of guidance on good professional practice for doctors.
   - Work with partner organisations, including, employers, policy makers, other regulators and international partners, to share learning arising from fitness to practise procedures.
What are the intended outcomes?

- Complaints relating to a doctor’s fitness to practise are addressed by the regulator, where appropriate.
- More transparent complaints and inquiry procedures.
- Efficient systems resulting in a cost-effective handling of complaints.
- Guidance to the profession reflects trends and addresses issues emerging from complaints and inquiry processes.

How we will measure effectiveness

- Framework for complaints managed and developed.
- Trend analysis of the origin of complaints.
- Systems in place to measure the efficient handling of complaints, including the timeframes to progress complaints.
- External assessment of complaints and fitness to practise procedures.
- Number of reports developed by the Medical Council arising from themes & issues emerging from the complaints and inquiry process.
### Strategic Objective Four

**Enhance patient safety through insightful research and greater engagement.**

Patient safety is enhanced through the generation of better research evidence, the provision of information and effective communication with patients, doctors and partner organisations.

**We aim to achieve this goal by:**

1. **Conducting research to inform our work**
   - Develop our research capacity, both in-house and through collaboration with partners.
   - Establish a programme of research, aligned to our overall corporate strategy, and gather information to better understand how good professional practice is developed and maintained.
   - Use and share the evidence base about good professional practice to drive improvements in patient safety and quality of care through our own work and through work with partner organisations.

2. **Shaping and responding to emerging legislation and policy**
   - Continue our ongoing relationship with relevant government departments to contribute to the development and implementation of legislation and policy.
   - Work with international partners, particularly those involved in medical regulation, to contribute to and respond to policy changes at European level.
   - Share data and research with partner organisations to inform policy developments.

3. **Building and strengthening strategic relationships**
   - Establish and implement formal agreements with relevant partners to share information and other resources.
   - Develop and implement plans to communicate and work collaboratively with partner organisations on matters related to the Council’s role.

4. **Effective communication**
   - Develop an improved and open approach to communication with the public through the implementation of targeted communications plans.
   - Develop communication, interaction and engagement opportunities with doctors through targeted communications plans.
   - Increase use of online channels of communication to reach the public and the profession.
   - Greater interpersonal engagement through organisation of and participation at forums, conferences and events.
What are the intended outcomes?

- The views of patients and doctors play a greater role in informing the Council’s decision-making.
- An improved evidence base to inform strategic decisions.
- The public, doctors and partner organisations will have access to better information.
- A more integrated approach to medical regulation across the Irish health sector is achieved through more effective relationships with partner organisations.

How we will measure effectiveness

- Collection and analysis of data on the use of online channels of communication.
- Improvements in public confidence in the Medical Council.
- Improvements in doctors’ confidence in Medical Council procedures.
- Tracking the level of engagement with partner organisations.
- Number of research and policy reports issued.
# Strategic Objective Five

## Build an organisational culture that supports leadership and learning.

Council members and staff are supported as part of a learning organisation, focused on effective regulation.

**We aim to achieve this goal by:**

1. **Implementing good-practice governance and human resources**
   - Ensure our learning and development strategy equips and supports Council members to carry out their role effectively within a sound governance framework.
   - Ensure our learning and development strategy equips employees with the skills required to deliver on the strategic objectives of the organisation.
   - Develop and regularly review the learning and development strategies to monitor their effectiveness and return on investment.

2. **Balancing capacity and capability**
   - Review the organisational structure to ensure that it supports the delivery of the strategy.
   - Conduct a skills audit to identify the skills needed to support our strategy. Develop and/or acquire those skills.

3. **Aligning culture and strategy**
   - Roll out a leadership development programme to maximise leadership capability across the organisation.
   - Integrate strategic objectives into all aspects of the organisation, particularly the performance management development system (PMDS) and the governance evaluation of Council.
   - Devise initiatives to engage with and involve staff in order to develop a vibrant and cohesive workplace culture.

4. **Effective internal communication**
   - Further develop our consultative approach to communication across the organisation.
   - Ensure Council has the information required to monitor and oversee the implementation of the strategy effectively and on a regular basis.
   - Ensure staff members have the information, including clarity on Council decisions, required to meet business and strategic objectives effectively.
What are the intended outcomes?

- A commitment to continuous learning and improvement by Council and staff.
- Motivated and engaged staff.
- A culture of high performance within the organisation.
- Organisational structure designed to best support the successful delivery of the strategy.
- Timely, well informed and transparent decisions made by Council.
- Effective systems in place to share knowledge and information across the organisation.

How we will measure effectiveness

Employee measures:

- Structured feedback from employees.
- Absentee rates and retention rates.
- Measuring achievement through effective use of the PMDS system.
- Employee engagement survey.
- Implement a skills audit of employees.
- Develop a workforce plan to recruit personnel with the necessary qualifications or outsource necessary expertise to address skills gaps.

Council measures:

- Annual Council Governance Evaluation.
- Mid-term Council Governance Review. Record Council member participation at meetings, committee and training activities.
Strategic Objective Six

Develop a sustainable and high performing organisation.
We will ensure the effective alignment of resources, people and culture to produce reliable, sustainable business results.

We aim to achieve this goal by:

1 Delivering value for money
   - Implement best-practice procurement procedures, as outlined in the National Public Procurement Policy Framework.
   - Implement a programme of strategic procurement that drives maximum efficiency and effectiveness within the procurement function.
   - Engage in public sector aggregation and shared service initiatives.

2 Developing and maintaining a sustainable business model
   - Develop and deliver a medium-term financial strategy to ensure the organisation’s core objectives are met within the prevailing economic environment.
   - Examine ways to diversify revenue streams.
   - Reduce operational costs by methods such as outsourcing and using shared services.

3 Focusing on organisational capability, with an emphasis on business process improvement
   - Implement a business process improvement framework. Attain external accreditation of Medical Council processes, commencing with our registration processes.
   - Develop a corporate data strategy and develop systems, including IT systems, to capture and analyse high-quality data that can inform our work.
   - Ensure that all the organisation’s systems and processes are focused on the needs of those who use our services.
   - Develop a quality assurance framework that allows us to better monitor and understand our business delivery, risk and compliance.
What are the intended outcomes?

- Operational cost reduction through, for example, greater use of information systems and collaborative working with partner organisations.
- High-performance, proactive contract management.
- Diversified revenue streams.
- Clear understanding about our longer-term financial needs and higher levels of transparency, accountability and demonstration of value for money.
- Understanding of the concept of business process improvement established across the organisation to facilitate communication, training, and implementation of business process improvement initiatives.
- Council processes attain external accreditation starting with the registration process.
- Service user experience is enhanced by systematically collecting service related data.
- Confidence that our business systems and processes are fit for purpose and are complied with.

How we will measure effectiveness

- Agreed percentage of diversification of revenue targets achieved.
- Achieve breakeven by 2015.
- Generate revenue surplus by 2017.
- Percentage reduction in key contract spends agreed under the Corporate Procurement Strategy.
- Reporting of operational and system improvements.
- Annual assessment of public satisfaction with Medical Council processes.
- Data on quality processes to form the basis for business process improvement initiatives.
Strategic Goals

Develop an effective & efficient register that is responsive to the changing needs of the public and medical profession

Create a supportive learning environment to enable good professional practice

Maintain the confidence of the public & profession in Council’s processes by developing a proportionate and targeted approach to regulatory activities

Enhance patient safety through insightful research and greater engagement

Build an organisational culture that supports leadership and learning

Develop a sustainable and high performing organisation

Strategic Initiatives

- Safe registration pathways
- Operational excellence
- Ensuring processes respond to legislative change
- Registration reflects continuing fitness to practise

- Defining what it means to be good doctor
- High quality learning environments
- Lifelong learning and specialisation opportunities
- Good health among doctors

- Enhanced procedures to progress complaints
- Safeguarding the register
- Learning from experience

- Conducting research
- Shaping legislation & policy
- Building strategic relationships
- Effective communication

- Good-practice governance and HR
- Balancing capacity and capability
- Aligning culture an strategy
- Effective internal communication

- Delivering value for money
- A sustainable business model
- Focusing on organisational capability
Strategic Outcomes

- Registration processes allow appropriately qualified doctors access to the practice of medicine.
- Recruiter and employer arrangements align with registration processes.
- Our registration services are efficient and effective.
- Legislation is implemented as soon as it is enacted.
- An effective framework is in place for the retention and monitoring of doctors.

- Medical profession and public have clear direction on what it means to be a good doctor.
- The system of medical education, training and lifelong learning is enhanced.
- Guidance on health for good practice is produced and better support is available for individual doctors where required.
- More targeted and effective approach to maintenance of professional competence.
- Expectations of clinical sites as learning environments are articulated, communicated and applied.

- Complaints relating to a doctor’s fitness to practise are addressed.
- More transparent complaints and inquiry procedures.
- Efficient systems resulting in a cost-effective handling of complaints.
- Guidance to the profession arising from trends emerging in the complaints and inquiry processes.

- The views of patients and doctors play a greater role in informing our decision-making.
- An improved evidence base.
- The public, doctors and partner organisations have access to better information.
- More effective relationships with partner organisations.

- A commitment to continuous learning and improvement by Council and staff.
- Motivated and engaged staff.
- A culture of high performance.
- Organisational structure supports delivery of strategy.
- Well informed and transparent decisions.
- Effective systems in place to share knowledge and information across the organisation.

- Operational cost reduction.
- High performance, proactive contract management.
- Diversified revenue streams.
- Clear understanding about our longer-term financial needs and higher levels of transparency.
- Business process improvement.
- External accreditation of processes.
- Service user experience is enhanced.
- Business systems are fit for purpose.
Appendix A: Strategy Development Process

The Medical Council’s strategy development process was informed by an extensive analysis of the current operating environment and factors which may affect the Council’s role and remit over the course of its term.

The views of the public and doctors were pivotal in informing the Council’s decision-making. Research was conducted with 996 members of the public to ascertain their views on their experience of doctors, health, professionalism and the Council’s regulatory role. The views of 694 doctors were collated on issues including health, professionalism and the Council’s role.

A consultation process was undertaken to ensure that the views of partner organisations informed Council decision-making. Approximately 40 organisations were involved in this process, with over 60 representatives providing views that informed the strategy development process during 2013.
Organisations involved in the consultation in 2013:

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<thead>
<tr>
<th>Patient Representatives</th>
<th>Government Departments and Regulatory Bodies</th>
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<tbody>
<tr>
<td>Age Action</td>
<td>CORU</td>
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<tr>
<td>Cairde</td>
<td>Dental Council</td>
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<td>Gay and Lesbian Equality Network</td>
<td>Department of Health</td>
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<td>Irish Advocacy Network</td>
<td>Health Information &amp; Quality Authority</td>
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<td>Irish Patients Association</td>
<td>Irish Medicines Board</td>
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<tr>
<td>Irish Society for Quality and Safety in Healthcare</td>
<td>Nursing and Midwifery Board of Ireland</td>
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<td>Patient Focus</td>
<td>Pharmaceutical Society of Ireland</td>
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<td>Pavee Point</td>
<td>Pre-Hospital Emergency Care Council</td>
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<th>Doctor Representatives</th>
<th>Employers</th>
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<td>Irish Hospital Consultants Association</td>
<td>Health Service Executive</td>
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<td>Irish Medical Organisation</td>
<td>Independent Hospitals Association</td>
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<tr>
<th>Medical Educators</th>
<th>Legal Representatives and Indemnifiers</th>
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<tbody>
<tr>
<td>College of Anaesthetists of Ireland</td>
<td>Arthur Cox Solicitors</td>
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<td>Comyn Kelleher Tobin Solicitors</td>
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<tr>
<td>Council of Deans of Medical Schools</td>
<td>Hayes Solicitors</td>
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<tr>
<td>Intern Training Network</td>
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<td>Matheson Solicitors</td>
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<tr>
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<td>McDowell Purcell Solicitors</td>
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<td>Medical Defence Union</td>
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<td>Royal College of Surgeons in Ireland</td>
<td>Medical Protection Society</td>
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<tr>
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<td>Medisec</td>
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<td>O’Connor Solicitors</td>
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<td>William Fry Solicitors</td>
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<td>The Faculty of Public Health Medicine</td>
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<td>The Faculty of Radiologists</td>
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<td>The Faculty of Sports and Exercise Medicine</td>
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<tr>
<td>The Institute of Obstetricians and Gynaecologists</td>
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