



Comhairle na nDochtúirí Leighis Medical Council

Dr Dai Lloyd AM
Chair
Health, Social Care and Sports Committee
National Assembly of Wales
Cardiff Bay
Cardiff CF99 1NA
Wales

5th January 2018

Dear Dr Lloyd,

I refer to your letter of 16th November 2017, to Professor Freddie Wood, President of the Medical Council. As the matters to which you were seeking information related the Medical Council's registration functions, the letter was referred to me.

In order to assist you and your committee, I have provided a separate document which sets out the manner in which we reviewed and redesigned our registration processes. This was with a view to improve the registration experience, for both first-time applicants and for those on the register needing to retain their registration.

As you will see, the change process we undertook was all encompassing. I would have to say it was not an overnight success but one which made incremental change over a prolonged period, for which we are truly seeing the benefits now.

Should you wish to explore any of the areas we redesigned, in further depth, please do not hesitate to contact me, and I would be more than happy to provide further assistance.

Yours sincerely,

Philip Brady
Director of Registration & Business Process Improvement

Cc Professor Freddie Wood, President, Medical Council
Dr Anthony Breslin, Vice President and Chair of the Registration & Continuing Practice
Committee
Mr Bill Prasifka, CEO, Medical Council

Sent by email and hard copy

Medical Council
Kingram House
Kingram Place
Dublin 2

t. +353 1 4983100
f. +353 1 4983102
www.medicalcouncil.ie
info@mcirl.ie



Medical Council - Registration Review & Redesign Process

The Role and Functions of the Medical Council

Governed by the Medical Practitioners Act 2007, the main functions of the Medical Council are to:

- Establish and maintain the register of medical practitioners
- Set and monitor standards for undergraduate, intern and postgraduate education and training
- Specify and review the standards required for the maintenance of the 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

Background – Registration

The Register of Medical Practitioners contains the name of every doctor allowed to practice medicine in Ireland. Through a strict registration process, the Medical Council ensures that only those appropriately qualified gain the right to practice, thereby endeavouring to assure patient safety.

The Register has five divisions specified in the Medical Practitioners Act 2007 (as amended), being:

- Specialist
- Trainee Specialist (two parts)
 - Basic and higher specialist training
 - intern
- General
- Supervised
- Visiting EEA

There are different registration requirements under the legislation depending on where a doctor qualified and also which division of the register they wish to enter.

Applicants for registration with the Medical Council come from three areas, being:

- Graduates of Irish Medical Schools
- EU/EEA applicants
- Third country applicants

All doctors prior to registration are subject to background checks which verify:

- identity
- qualifications
- ensure the doctor is not subject to disciplinary action in any country where they have currently/previously practised
- confirm there are no legal matters pending
- assure no ongoing personal health issues which may impact their ability to practise medicine

Need for Change

In the face of a burgeoning workload, brought about by legislative change, the Medical Council was faced with serious delays in the processing and assessing applications for registration.

The changes to the Registration Rules which came into effect in 2011 provided for additional exemptions from the Medical Council's pre-registration exam, the PRES and this led to an increase in the number of applications from doctors who had qualified in third countries ("non-EU countries"). This influx of applications highlighted a number of matters which impeded efficient processing and a less than timely determination of an application.

A full examination of the Council's registration processes was commenced in 2014, in which all parts of the operation were open to scrutiny. This review examined:

- current operating processes
- the ICT database
- online capability
- other opportunities to leverage off technology
- reporting capabilities/application tracking

The review process involved all staff from the Registration section and staff from other parts of the organisation, where the registration processes either impacted or were impacted by the work of other sections – e.g. Finance, ICT, Professional Competence, Education, Training & Professionalism.

Each route to registration and all the supporting activities were examined and broken down into the component parts. This process identified the following 47 different "products" generated through the registration section:

- 18 different registration processes for accessing or restoring to the General Division and Trainee Specialist Division (higher specialist training)
- 12 different registration processes for accessing or restoring to the Specialist Division
- Annual retention
- 9 types of certificate requests
- 7 activities related to maintaining the Register (e.g. change of name, etc.)

Breaking the above 47 processes down into the component parts, there were 112 individual components. This enabled the development of a modular SOP structure, where each of the 47 products can be shown as a combination of any of the 112 registration processes. Where there are common elements within delivering a product, the same process applies, irrespective of the product, for example, the Passport check process is common to 24 of our 47 products.

Outcomes Leading to Improved Registration

As a result of the review there changes in the following areas:

Website

A full review of content on the Council's website, pertaining to the registration process was undertaken. There was a significant rework of content and configuration of the registration related pages. This was mainly in simplifying the language used and the level of detail included.

One significant change was the development of an "eligibility chart". This was a tool to assist applicant doctors to determine which route to registration was applicable to their circumstances. By developing a series of questions, depending on the answers provided, the applicant doctor is led to the point where the chart will advise as to the type of registration for which the doctor would be likely to be eligible.

This facility was developed to overcome a significant number of applications where the doctor had chosen the incorrect type of registration. In so doing, they invariably provide the incorrect documents to support their application, leading to significant rework and delay.

The eligibility chart can be found at the following link: <https://www.medicalcouncil.ie/Registration-Applications/What-Division-of-the-Register-are-you-Eligible-for/>

MyAccount Portal

The registration process was driven heavily by the need for paper documentation. Applicants were required to complete a paper application form and to provide notarised copies of documents to support their application.

This generated two workloads. The first, Registration staff spent a considerable amount of time undertaking data entry (transposing the applicant information from the paper application to the Council's Registration database), before an assessment of the application could commence.

Secondly, the experience we noted, was that an application form would be returned and then the supporting documents could be submitted separately, or not at all, leading to significant efforts in communicating with applicant doctors to ensure all documents were provided, to enable the assessment of the application to be undertaken.

We then examined how to leverage off the use of an online system for the making of applications.

Online applications

In conjunction with our IT provider we developed an online portal to enable applicant doctors to make their application.

As the information input to the online application was directly uploaded to the Council's Registration database, this removed the need for Registration personnel to have to input data and their role became one more of data quality – correct format, etc. Which then released them to progress to assessing the application in a timely manner.

This also enabled us to implement a process, whereby an application would not be "opened" for assessment until the supporting documents were received. Thereby removing the back and



forth communication with an applicant doctor, seeking supporting documents for their application.

The online application is developed in such a manner that the doctor can pause their application, and return and take up from where they stopped. The Council has no visibility of the application until the doctor “submits” and provides the application fee.

All payments associated with an application are made online by either credit or debit card, through a secure payment process. This has also enhanced the timeliness of the process, where previously payment processing was completed manually through our Finance section, again adding to the time for completing an application assessment.

Annual Retention

Prior to moving to an online registration retention process, this was heavily reliant upon paper. The process was all paper based:

- Issuing of notice/invoice for retention of registration
- Issuing of reminder advices as hard copy letters
- Annual retention application form for completion
- Acceptance of payments online but also by cheque, bank drafts, postal orders etc. which had to be handled manually
- Annual registration certificate printed and despatched by mail

Now each registered doctor has their own portal account, and upon advice from the Council that registration retention is due, they can now go into their account:

- Complete the registration retention questions
- Make payment of their registration fee
- Receive their annual registration certificate as an attachment in an email – received within 24 hours of payment being cleared

The Medical Council has moved to corresponding mainly by e-mail. Each registered doctor will:

- Receive an email advising registration retention due
- Where applicable, all reminders to pay retention fees are also sent by e-mail

Other facilities – certificates, CoA, etc.

Registered doctors from time to time require other services relating to their registration, including:

- Certificates of current professional status (also known as certificate of good standing)
- CSTARs
- CSDS
- Change of address
- Voluntary withdrawal from the Register
- Miscellaneous letters

Now all these processes can be completed through a doctor’s portal account. The application is made and through “task bars” the application is actioned by Registration personnel. Despatch of certificates/letters can be either via email or in hard copy dependent upon the specific requirement and/or the recipient.

The Council does have a number of MOUs in place with other competent authorities for the electronic transfer of certificates of current professional status.

Qualification Verification

A significant change and resultant enhancer of our registration process for first time applications, has been the introduction of primary source verification.

A significant delay in our processes was the ability of the Council's Registration section to be able to have qualifications submitted by an applicant doctor verified with the issuing institution.

Since September 2015, the Medical Council has required all applicants for registration who qualified outside of the European Union (EU)/ European Economic Area (EEA) and Switzerland to have their medical education credentials primary source verified in advance of making their application for registration. The Medical Council in collaboration with the Educational Commission for Foreign Medical Graduates (ECFMG) has incorporated ECFMG's Electronic Portfolio of International Credentials (EPIC) into the process for assessing the medical qualifications of graduates of medical schools located outside of the EU, EEA, and Switzerland. These applicants are now required to create an EPIC account and have all necessary medical education credentials primary-source verified through EPIC prior to submitting their application to the Medical Council. Specific instructions for the new process will be provided on both the Medical Council's website and the [EPIC website](#).

By incorporating EPIC into its qualifications assessment process for non-EU/EEA applicants, the Medical Council has added a best practice – primary-source verification – to its tools for evaluating the qualifications of its applicants, which has streamlined the process for applicants and make it more efficient. The use of electronic systems allows for a quicker assessment of applications. In addition to using the portfolio for applications to the Medical Council, through EPIC, physicians can build a digital career portfolio of the primary-source verified credentials related to their medical education, training, and registration, which can be provided to any organisation in the world, including medical regulatory authorities and potential employers, such as hospitals and academic institutions.

Call Handling

The Registration section is also responsible for call handling of queries relating to registration matters.

In examining our processes, it became evident from our staff, the rostering on the phones for a half day, was significant draw on a person. Upon the suggestion of staff, we moved to an hourly rota (for the hours where call queries are offered), and the filling of the rota is left for the staff to self-manage, with oversight being to ensure each slot has been assigned by the commencement of taking calls.

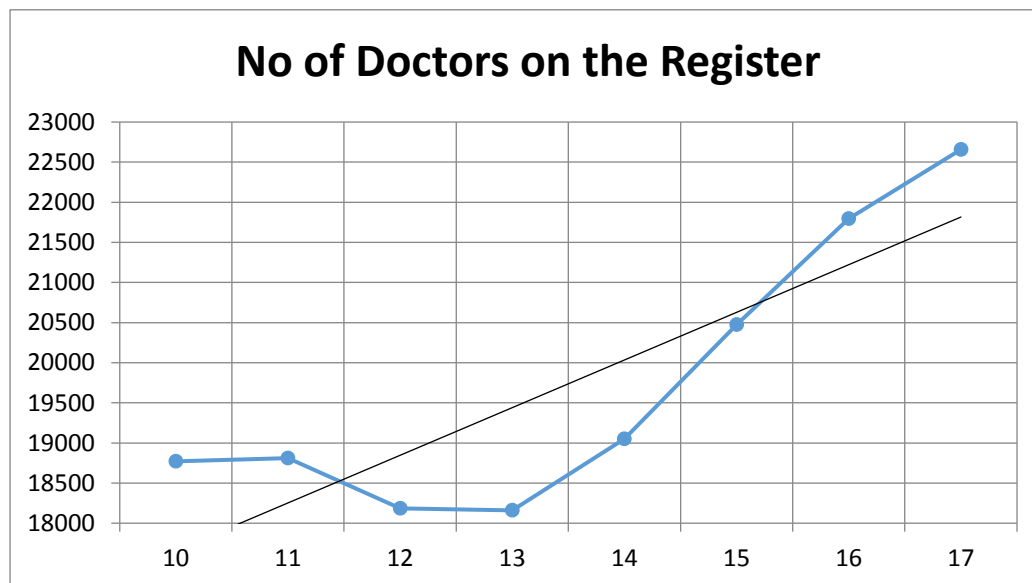
While a small change, it is reflective of the approach adopted to our review and redesign. We had all staff in the section involved in the business process reviews, and were heavily involved in the redesign, thereby giving ownership of the change to those who would be ultimately called upon to deliver.

This engagement by the staff has been paramount to the success of this change initiative.

Outcomes

Increasing size of the register

As can be seen from the graph below, in the years since we commenced this review and redesign process, the size of the Register has increased year on year. When the legislative changes referred to above came into effect and the subsequent influx of applications, our processes were seen to be not fit for purpose. The Registration section was simply “treading water” in the face of an increased demand for registration.



Reduced turnaround times

At our “high point” of applications on hand, our advice to applicant doctors was one of an application being actioned in six months. Now, our advice to applicant doctors is where the application is fully complete it should be dealt with in a four week period.

At that “high point” there were 2,545 open applications within our system. As at the end of the 2017 the number of open applications sits at 487.