

## Quality Assurance Group Report

<b>Purpose of paper</b>	This paper sets out a summary of the work undertaken by the FTP Quality Assurance Group (QAG) in Quarter 4, 2016
<b>Status</b>	Public
<b>Action</b>	For discussion.
<b>Corporate Strategy 2016-19</b>	<i>Performance - Objective 1:</i> To improve our performance across all our functions so that we are highly effective as a regulator.
<b>Business Plan 2017</b>	<i>Priority 2:</i> Improve our overall performance
<b>Decision Trail</b>	This paper is the routine quarterly review of QAG activity. It was previously considered by EMT on 27 February 2017.
<b>Next stage</b>	No further formal circulation post Council.
<b>Recommendations</b>	Council is asked to: <ul style="list-style-type: none"> <li>Consider and discuss the Quarter 4, 2016 report of the Quality Assurance Group.</li> </ul>
<b>Authorship of paper and further information</b>	Peter Day ( <a href="mailto:pday@gdc-uk.org">pday@gdc-uk.org</a> ) Head of Quality Assurance & Monitoring (FtP), Director: Jonathan Green ( <a href="mailto:jgreen@gdc-uk.org">jgreen@gdc-uk.org</a> ) Director of Fitness to Practise
<b>Appendices</b>	None

## 1. Executive summary

- 1.1. The Quality Assurance Group (QAG) is a second line of defence system operating alongside the work of the internal Compliance Team in auditing the decision making at the early stages of the fitness to practise (FTP) process as well as the later stages of the FTP process including FTP panel hearing determinations.
- 1.2. The PSA can challenge a Practice Committee decision if it believes a decision to be unduly lenient. To inform its decision whether to appeal a decision, the PSA reviews all the regulators' Practice Committee decisions and offers learning points, where appropriate, to ensure that the decisions are well reasoned, are reflective of both current case law and the regulator's own guidance and adequately protect the public. Regulators are invited to respond to these learning points and any learning is fed back to teams. The QAG provides an opportunity to review the contents of learning point letters, to agree suitable actions arising and to ensure that learning is embedded in our processes.
- 1.3. This paper sets out a detailed summary of the results of the FTP QAG and the work it has undertaken in quarter 4 of 2016. Of the 45 decisions reviewed in the period 32 received full assurance (green), eight partial assurance (amber) and five a poor level of assurance. This paper details the resultant activity from QAG scrutiny.

## 2. Summary of Findings

- 2.1. At each of its monthly meetings in October, November and December 2016 the Group reviewed 15 decisions taken from the pre-Investigating Committee, the IC stage and the substantive hearing stage.
- 2.2. QAG considered 45 decisions in the 4<sup>th</sup> quarter, 15 at each monthly meeting. Cases for consideration are self-referred where there is a view that the rationale for or ultimate decision itself is questionable and would benefit from additional scrutiny. Should insufficient cases be self-referred the remainder are randomly sampled. In the 4<sup>th</sup> quarter 32 decisions received full assurance (green), eight partial assurance (amber) and five a poor level of assurance (red).
- 2.3. QAG receive a routine overview of their considerations during the year.
- 2.4. Pre-Investigation Committee Stage
  - Full assurance (green rating) was awarded in six of 14 cases considered, six achieving an amber rating and the remaining two red.
  - The first assessment decision rated red was a case involving consent which was closed as there was insufficient clinical evidence to allege impairment. Discussions have been initiated with our clinical advice suppliers to seek a stronger judgement on such cases and to ensure that any gaps in clinical evidence are queried where possible, before a case is closed. The second red-rated case involved a case closed on the public interest test in the absence of the informant's complaint. QAG decided that the public interest test was applied incorrectly in this case. Both cases resulted in QAG making registrar Rule 9 referrals requesting a review of the decisions.
  - Of the six amber ratings, the key themes which were fed back to the operational teams were the need for clearer clinical advice in investigation cases to ensure that all clinical issues have been covered in an investigation and when the GDC could reasonably be expected to take forward a case as the informant in the absence of consent or co-operation by the informant. All the amber rated cases identified a need for training to the Casework Managers which has been taken forward by the Head of Case Progression.

## 2.5. Investigation Committee Stage

- Full assurance was recorded in 15 of the 16 cases reviewed with the remaining case rated amber.
- The amber decision was deemed to be appropriate, but it was felt that rather than the decision maker justifying a decision to refer on the public interest test alone, there were also good reasons for escalating the case on the registrant's health grounds. This is not an issue that arises routinely, so feedback will be provided by the Head of Adjudication to the decision maker individually.
- It is reassuring to report that the Investigation Committee has overseen a period of sound decision making in a time of such significant operational change.
- Going forwards QAG decided that it will not assess case examiner decisions routinely whilst 100% of case examiner decisions are being quality assured by the quality assurance team in FtP and by the compliance team.

## 2.6. Hearings Stage

- Full assurance was provided in 11 of 15 decisions reviewed. Three decisions had a red rating by QAG and the remainder were rated amber.
- The three red rated cases were all IOC decisions:
  - A. Perverting the course of justice was not seen as a serious issue in this case. This arose directly from legal advisor input. Feedback will be provided to the legal advisor as follow up to the general training delivered to the newly appointed legal advisor team.
  - B. The registrant illegally obtained medicine at the practice that they worked and used it in a suicide attempt. QAG considered that there was no attempt to address the risk to fellow registrants at the practice as per the IOC guidance in the determination and both advocates submissions were rejected without clear evidence of the rationale by the panel. The panel will be fed back to directly and the case will be used as a case study during a general training session for panellists.
  - C. A registrant admitted to offering work outside scope of practice but no order was made, against the legal advice sought and submissions by the Council's advocate. In addition, QAG considered that the rationale for making no order was not easily followed. Training will be provided to the panel.

## 3. **Actions**

- 3.1. Much of the action initiated by QAG has been covered within the relevant case consideration. The following is a summary of the total actions initiated in the quarter.
- 3.2. In the quarter 32 of the 45 decisions considered received full assurance, but action was agreed in 26 of the decisions. This means that activity was agreed in 13 of the cases that received full assurance as we sought further improvements to the decision-making process. In one example feedback was given to a caseworker who showed a very good level of judgement in a complex case.
- 3.3. In 14 cases a training requirement was agreed and defined to resolve the matter at hand. A further two cases involved a one to one conversations with the staff member responsible for the decision outcome, rather than wider communication. The first involved an issue that would be best addressed at case level, with the other not a widespread issue that warranted further dissemination.

- 3.4. Three cases resulted in a process change being made or considered. The first involved the possibility of routinely checking whether informants have made previous complaints to assess if there is intelligence to inform a new complaint received. The next involved a speeding conviction case where there was some exposure identified to the GDC on the exact definition of 'subject to criminal proceedings'. Work will be completed with standards to resolve this issue. The final case related to a previous process change around timely referrals of the IOC that had been implemented post the case in question, requiring no further work at this stage.
- 3.5. Three cases saw action to raise the profile of an issue, involving drafting an article in an internal newsletter, generally for committee members benefit. Two cases saw action recommending specific feedback to non-staff; a legal advisor and a committee panel. This action will not be taken until the introduction of a new process on providing feedback to decision makers has been signed off by the Director of FtP, in discussion with QAG members, and agreed with SPC (formerly known as Appointments Committee). The proposed guidance on formalising feedback to decision makers is due to be considered by QAG at its' February meeting.
- 3.6. Two cases resulted in registrar referral for Rule 9 reviews. This is the first time that the power was available to QAG since it went live on 1 November 2016.

#### **4. Other Issues**

- 4.1. Two cases considered by QAG identified the need for improved linking of FtP cases where the allegation or issues are intrinsically linked. This will ensure as many cases as possible are considered together as early in the process as possible to ensure that the Case Examiners and IC have the best view of the allegations as possible and that, if escalated to a Practice Committee, the cases are joined together so that they are heard at one hearing and there is one GDC outcome. Work is currently underway through the FtP CRM User Group to implement functionality to allow recording and better signposting of cases where there is a connection between the issues in the cases to facilitate improvement in this area.
- 4.2. No referrals were made to the PSA in the quarter.

#### **5. Risk**

- 5.1. Risk is a feature of all decisions considered.
- 5.2. QAG ensures that any risk identified within considerations is recorded and managed through established mechanisms on the appropriate departmental risk register. Appropriate mitigation is agreed and a new risk template completed as required.
- 5.3. In quarter 4, 2016 no new strategic or operational risks were identified. It was not considered necessary to amend any current risk scores or mitigation following a review.

#### **6. Recommendations**

- 6.1. Council is asked to:
  - Consider and discuss the quarter 4 2016 report of the Quality Assurance Group.

#### **7. Internal Consultation**

- 7.1. Whilst this paper has not been shared with others in the Department, cross Departmental working takes place as required to implement the activity specified by QAG. QAG membership includes the Head of Compliance from the Registration Directorate and routinely has colleagues attending in an observation capacity from across the GDC.

## **8. Appendices**

8.1. None