

Annual Report - Decision Scrutiny Group

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Type of business	To note
For Council only:	Public session
Issue	To provide the Council with an annual update on the work of the Decision Scrutiny Group.
Recommendation	The Council is asked to consider the annual report for 2019 on the work of the Decision Scrutiny Group.

1. Introduction

- 1.1 The Decision Scrutiny Group (DSG) and its associated quality assurance work was established in 2017. The DSG has just completed its second year of operation under the stewardship of Steve Townsley, who took over in January 2019.
- 1.2 As this paper was drafted before the end of the year, it covers the period from January 2019 to the end of November 2019.
- 1.3 Overall, **391** reviews were completed in 2019 (January to November), with **369 (94%)** decisions being rated as green and requiring no specific action in relation to the case, 13 decisions rated as amber and 9 decisions rated as red.
- 1.4 The establishment of the DSG enabled the Quality Assurance Group (QAG) to be entirely criterion-based in determining which decisions to consider. This has had a significant positive benefit for the operation of the QAG.
- 1.5 The supporting processes and meeting organisation and operation have developed and embedded throughout the year with the ambition of maximising the amount and impact of learning and insight that can arise from both best practice that is identified, together with areas of improvement.
- 1.6 There have been several examples of learning that would not have occurred without the random sampling of cases, for example:
 - a. Clarification of process for contributions from the Clinical Dental Advice team within the daily Initial Assessment Decision Group (IADG) meetings.
 - b. Cascading examples of good practice found in the reviews; for example, effective use of tabulation in the setting out of reasoning for hearing decisions.
- 1.7 The work across 2019 has provided assurance insofar as no systematic process weaknesses have been uncovered and the focus of analysis has increasingly shifted towards the identification of best practice for sharing.

Background

- 1.8 DSG was established in 2017 as part of our broader quality assurance framework for Fitness to Practise (FtP). The key principle for the work was the scrutiny of a randomised sample of cases covering IAT, Casework, Case Examiners, Hearings, IOC and Rule 9s. This approach complements the work of QAG, enabling it to move to an entirely criterion-based evaluation and considering cases where any party may have concerns that a decision may lie outside the reasonable range of outcomes. Also identifying a potential gap in policy, guidance or process or where independent evaluation or validation of the decision making by the individual/group who came to a view would benefit from further input (typically because it was a very finely balanced decision).
- 1.9 The objective nature of scrutiny is strengthened through the employment of an independent chair. Following the establishment of the group, Rosemary Carter, the inaugural chair, stepped away from the role and Steve Townsley was appointed to replace her from January 2019.
- 1.10 The work of the group is founded on the analysis of a random 10% sample of cases from each stage of the FtP process. Structured evaluation of each case is undertaken by a team of internal reviewers and a report including a Red-Amber-Green (R-A-G) rating is produced. Any cases of note, positive or areas for improvement, together with all amber and red rated cases from the sample are discussed at the quarterly DSG meetings.
- 1.11 All actions arising from the broader scrutiny work and arising from the DSG discussions are captured and overseen by the Facilitation team that supports DSG and QAG in their work. Actions are sifted and cascaded either through the FtP Change, Quality and Continuous Improvement team or to policy managers for completion. Action progress is monitored, reported upon and considered both in terms of completion and ultimate impact, for example “did the completion of training have a demonstrable impact on the incidence of ‘poor setting out of decision reasoning’ at the Case Examiner stage”.
- 1.12 For the first time this year, two mid-point review meetings took place. These were halfway through the quarter and involved the Chair, Executive Directors of Strategy and FTP Transition and Quality Manager. They were to see how many reviews had been completed, if there were any actions that needed to be chased and discuss any other emerging issues. Pre and post DSG meetings have also taken place between the Chair and Facilitation Team. The Chair has found these meetings particularly useful in keeping track of issues and identifying key issues.

Highlights

1.13 Completed 391 reviews (Jan-Nov):

	Initial A/ment	Casework	Rule 9	Case Examiners	IOC Initial	IOC Review	Inv Comm	PC hearing	Subs Hearing	VR	TOTAL
Red	1	2	0	6	0	0	0	0	0	0	9
Amber	5	2	0	2	0	2	0	0	2	0	13
Green	132	74	6	91	13	17	2	12	20	2	369
Total	138	78	6	99	13	19	2	12	22	2	391

1.14 Of these 391 reviews - 369 were green, 13 amber and 9 red. Of these, **66** were discussed at quarterly meetings. From these meetings, discussion of 33 further actions were raised. Quarter 4 is still in progress and cases from this quarter will be considered at the DSG meeting in January 2020.

1.15 Examples of finding learning that otherwise would not have occurred:

- a. Improvement with the interaction of CDA team members. Feedback provided to the CDA team to be cautious when using terms of wording and learning points from a DSG meeting discussed as part of a face to face meeting with the CDA team.
- b. Drafting of decision letters, particularly to informants, to ensure they are clear and logical.

1.16 Examples of best practice that have been or will be cascaded:

- a. This case was referred on at the initial assessment stage. The reviewer rated the process and decision as green. The group highlighted that the decision was well set out and a good example of best practice.
- b. This hearing decision was for erasure. The reviewer rated the process and decision as green. The group agreed with the reviewer's assessment, and agreed that the determination was very thorough, well ordered, and clear – a good example of clearly setting put mitigating and aggravating factors as highlighted in previous DSGs.
- c. This case is regarding clinical concerns regarding orthodontic treatment. Good practice observed: summary of and response to clinical advice.
- d. This case is regarding clinical and deficient professional performance concerns. Good practice: the case examiner requesting to see the previous determination.

2. Resource considerations and CCP

- 2.1 To provide support and consistency the facilitation team has continued to provide cover to the QAG and the DSG. This team is made up of the Head of Right Touch Regulation, Quality Manager, and FTP Administrator. This came into effect in September 2018, and the management of the DSG was fully handed over after the Q3 DSG meeting in October 2018.
- 2.2 This team ensures a clear link between QAG and DSG while allowing each group to fully exercise their individual remit. This team also ensures that the sampling and reviews are completed appropriately each month, that the papers are clear and circulated in reasonable time prior to the meeting, and that actions and learning are delegated suitably, and updates are chased.

2.3 Steve Townsley continues as the independent chair of DSG who also attends the QAG meetings.

3. Monitoring and review

3.1 The business of DSG is reported quarterly to the SLT and annually to the Council.

4. Development, consultation and decision trail

4.1 The Executive Directors of Strategy and Fitness to Practise Transition have reviewed this paper.

5. Next steps and communications

5.1 Work is underway to review the Terms of Reference for the DSG. There is also work taking place to design web content describing the work the GDC does to scrutinise FtP decision making, including DSG (and QAG).

5.2 Looking forward, the priorities for 2020 are:

- a. Ensure timeliness is appropriately considered through the process
- b. Validate that actions undertaken from the work of DSG achieve the desired outcomes
- c. Further raise the profile of the function and disseminate learning across and beyond GDC to improve impact
- d. Maintain a strong working relationship with QAG.

Appendices

- a. None

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