



## **MPTS Committee**

**Tuesday 19 September 2017**

**10:00-13:00**

**Room 4.32**

**4<sup>th</sup> Floor, St James's Buildings  
79, Oxford Street, Manchester, M1 6FQ**

## **Agenda**

### **Meeting**

- 1** Chair's business
- 2** Minutes of the meeting on 3 May 2017
- 3** Chair's report (oral)
- 4** Assistant Director's report and MPTS Risk Register
- 5** Tribunal members resourcing update
- 6** Case management – overview and key developments
- 7** Information security update
- 8** Update on MPTS Vision
- 9** Medical Practitioners Tribunal adjournments
- 10** Any other business

- 
- 11** \* Code of Conduct and processes for managing concerns with MPTS Associates

*\*Members should notify the Chair a minimum of two days prior to the meeting should they wish to discuss any \*starred items. If not then it is assumed that the Committee wishes to agree the recommendations without discussion.*



19 September 2017

## **MPTS Committee**

2

*Draft of 22 May 2017*

## **Minutes of the Meeting on 3 May 2017<sup>1</sup>**

### **Members present**

Caroline Swift, Chair

Richard Davies  
Patricia Moultrie

Judith Worthington

### **Others present**

Lyndy Geddes, Assistant Director – MPTS	Dale Langford, Committee Secretary
Colin Barker, MPTS Communications Manager (Item 5)	Anna Rowland, Assistant Director - Policy, Business Transformation and Safeguarding
Scott Geddes, Head of Operations, MPTS (Item 7)	

### **Chair's business**

- 1 The Chair welcomed members to the meeting of the MPTS Committee. The Committee noted apologies for absence from Jacky Hayden.

<sup>1</sup> These Minutes should be read in conjunction with the MPTS Committee papers for this meeting, which are available on our website at <http://www.mpts-uk.org>

## Minutes of the meeting on 8 February 2017

- 2 The Committee approved the minutes of the meeting on 8 February 2017 as a true record, subject to paragraph 4b being updated to give the correct title of the Quality Assurance Group.

## Matters arising

- 3 The Committee considered the actions arising from the previous two meetings of the Committee, including the following points:
  - a In relation to paragraph 8e of the minutes of the meeting on 15 November 2016, doctor self-representation data was being compared with equivalent data from the Nursing and Midwifery Council (NMC) and General Dental Council (GDC) and the results would be reported back to the Committee at the meeting on 19 September 2017.
  - b In relation to paragraph 8g of the minutes of the meeting on 15 November 2016, contact was being made with the team responsible for the Welcome to UK Practice programme to explore whether indemnity arrangements could be included in the programme.
  - c In relation to paragraph 8h of the minutes of the meeting on 15 November 2016, analysis of data relating to recruitment, including on diversity and whether it was becoming more difficult to recruit medical members, would be included in a refreshed version of the annex to the Assistant Director's report at the meeting on 19 September 2017.
  - d In relation to paragraph 8i of the minutes of the meeting on 15 November 2016, the handling of MPTS complaints was being reviewed, with the potential for the Communications Team taking on that responsibility along similar lines to the GMC's Complaints Team.
  - e In relation to paragraph 6c of the minutes of the meeting on 8 February 2017, the proposal to review opportunities for making attendance by video conference easier was being deferred while general improvements to the environment for hearings was being carried out, and while discussions with the NMC and GDC about the possibility of shared use of hearing venues were ongoing.
  - f In relation to paragraph 8f of the minutes of the meeting on 8 February 2017, the Empanelment Team were maintaining a log to monitor the usage of the pool of tribunal members to ensure that any increase in the number of longer, complex cases did not result in a higher turnover of tribunal members. No problems had been identified to date.

- g** In relation to paragraph 8g of the minutes of the meeting on 8 February 2017, proposals for changes to performance reporting would be considered by the Committee in September 2017.
  - h** In relation to paragraph 23 of the minutes of the meeting on 8 February 2017, the proposals to seek a change to the requirement for medical tribunal members to have a licence to practise were with the GMC's policy team for consideration, and since the proposals would require legislative change, the requirement was expected to remain in place for some time.
  - i** In relation to paragraph 29 of the minutes of the meeting on 8 February 2017, the revised proposals on expectations of Associates and Associate complaints procedures would be considered by the Committee at its meeting on 19 September 2017.
- 4** During discussion, the Committee noted:
- a** That there had been a small number of cases recently where there had been prominent media coverage. The MPTS had an effective Communications Team who responded seven days a week to ensure that media stories could be corrected if necessary. However, messages around sanctions would often be difficult to manage in instances such as the most serious single clinical incidents.
  - b** A suggestion that training for tribunal members could include more on media coverage and the impact that might have on tribunal members themselves.
  - c** That the GMC planned to improve transparency around warnings, such as starting to publish lists of its own warnings, not just adding details to the relevant doctors' records. The GMC was also revisiting aspects of the Sanctions Guidance, in particular thresholds, and ensuring that there was consistency around sanctions for issues like dishonesty and domestic violence.
- 5** The Chair undertook to ensure that Committee members received details of dates for User Group meetings.

### **Chair's report**

- 6** The Chair provided an update on work and activities that had taken place since February 2017, noting that she had:
- a** Attended meetings with the Medical and Dental Defence Union of Scotland and the Medical Defence Union, and had given an interview to the Medical Protection Society to appear in their journal.

- b** Expected to undertake more external events, having been in post for several months. Meetings had been scheduled with the British Medical Association and the GMC's Black and Minority Ethnic Doctors Forum.
- c** The Chair had met the Director of Fitness to Practise (FTP) and Assistant Director – Legal Team and other members of the GMC Legal Team to consider how to avoid unnecessary delays in hearings. A flagging system had been set up to manage GMC related delays.
- d** The Chair had attended a meeting of the MPTS User Group, and was keen to continue to foster a spirit of cooperation with attendees.
- e** Research had been commissioned to look at whether tribunal outcomes were related to a doctor's protected characteristics. The results were in the process of being peer reviewed before being made more widely available.
- f** A series of steps were being taken to improve the efficiency of tribunal hearings with the aim of making some hearings less protracted, including:
  - i** The activities of the Adjournment Working Group which was meeting regularly.
  - ii** Regular meetings with the Case Manager and with members of the Operations Team.
  - iii** Work being undertaken with the Senior Legal Adviser and Case Manager to find ways to work with the GMC to reduce the number of charges brought in some cases, which were sometimes time-consuming and stressful for those involved, including tribunal members.
  - iv** Provision of tribunal bundles in advance of hearings, which was being piloted and reviewed during May and June 2017 with a view to continuing the process.
- g** The MPTS Change Board was also overseeing a number of change projects, including on support and assistance for vulnerable doctors. Work on paperless hearings was continuing, with documents being provided to tribunal members on tablets. It is hoped that, in the future, the system would be extended and that, where necessary, documents would be displayed on screens for witnesses.
- h** An MPTS Twitter account was being set up to enable the MPTS to put out information and messages more effectively. It was agreed that Tribunal members should be provided with a briefing note regarding their role in social media platforms.
- i** Recruitment for Legally Qualified Chairs (LOCs) and Legal Assessors was now complete. From about 350 applicants there had been 74 appointments, which the

Tribunal Development Team was content would be sufficient. The Chair had participated in the interview process and would also be involved in the induction training.

- j** In the 6 months since the LQC pilot began, 92% of new MPT hearings chaired by LQCs finished before the expected date or exactly to schedule, with only 8% having to be adjourned. That contrasted with the cases run by all three types of chair during the first three months of 2017, in which 28% had to be adjourned. Cases chaired by LQCs made up a cross section of different kinds of cases, so the difference should not have been a result of the type of cases involved.
- k** Following observations made by the medical defence organisations, further steps had been taken to emphasise the operational independence of the MPTS from the GMC, including:
  - i** Providing a dedicated room for defence representatives to work in.
  - ii** Changes to the wording of letters sent to doctors and to the messages in the telephone answering system.
  - iii** Replacing some GMC branded stationery and other items to make the separation of the roles more tangible.
  - iv** The MPTS staff away day would be used to draw attention to the issue of operational independence.
- 7** During discussion, the Committee noted that there were opportunities for the chairs of tribunals to include in their opening remarks a statement about being operationally independent of the GMC.

### **Assistant Director's report**

- 8** The Committee considered the Assistant Director's report along with a tabled update to the annexes correcting a small number of errors in the tables. The Committee noted:
  - a** The dashboard of performance details and key performance indicators for the first quarter of 2017.
  - b** MPTS operational performance data for the first quarter of 2017, with rolling 12 month figures where appropriate.
  - c** The risk log at Annex C.
- 9** The Assistant Director reported that:

- a** Interim Orders Tribunal (IOT) referrals had continued to fall by about 40% over the previous 12 months. The number of Medical Practitioners Tribunal (MPT) referrals remained low, which would begin to have an impact on the number of hearing days later in 2017. Hearing room utilisation remained high in the meantime.
- b** Planning work with GMC had been completed and the forecast hearing days for 2017 was 2,380, down from 2,488 planned for 2016 and 2,857 in the current year end forecast. The result of this, combined with Section 60 efficiencies for the full year was that the MPTS budget for 2017 was £9,461,000, a reduction of £1,112,000 or 10.5% against 2016, as approved by GMC Council in December 2016. The budget would continue to be monitored.
- c** Data on the number of self-represented doctors appearing at hearings had remained largely static at 13% for MPT and 10% for IOT hearings.
- d** There had been no complaints at the time of writing the report, but one complaint had since been received and responded to, relating to the recruitment process for LQCs.
- e** Adjournment rates remained stubbornly high, with only a small drop to 23% in March, measures being taken to reduce adjournments were unlikely to have an impact for six months.
- f** A User Group meeting had taken place to discuss various topics including:
  - i** The last minute cancellation of an IOT where a witness had already made the journey to appear. The Committee were reassured that this was a rare occurrence.
  - ii** Improvements that had been made to the provision of wifi for those attending hearings.
  - iii** Reducing the amount of time it took to publish details of cases on the website.
- g** The GMC and MPTS had met the NMC to establish a working group to share learning and to understand what resources could be shared. A workshop had also taken place with the GDC about their plans to outsource their hearings. No commitments to implement any collaborative working had been made to date.
- h** The risk log had been updated with details added about the review of MPTS outcomes in relation to protected characteristics, along with an updated risk on legislative reform; risks had been removed that related to the appointment of the new Chair and Assistant Director and obtaining appeal information from the High Court.

**10** During discussion, the Committee noted that:

- a** There had been three successful appeals in quick succession relating to restoration to the Register, which had been reviewed to explore any lessons to learn. Details would be added to the dashboard in future.
- b** The impact of not achieving the change to legislation that would allow doctors who no longer held a licence to serve as medical members of tribunals would not be significant in the short term. However, to estimate the scale of the issue over the next five years would require asking the relevant tribunal members about their intentions, perhaps as part of the appraisal process.
- c** A risk would be added relating to the Suitable Person role in revalidation, regarding the requirements for the role.
- d** The risk relating to the GMC Change Programme was considered to have negligible impact for the MPTS, so would be removed from the risk log.
- e** The risk log had a column missing, a revised version would be recirculated to the Committee.

**MPTS report to Parliament 2017**

**11** The Committee considered the draft MPTS report to Parliament and agreed to approve the final version on circulation.

**12** During discussion, the Committee noted that:

- a** The Chair had asked for the foreword and section on plans for the future to be developed further.
- b** The latest draft was a positive step forward with well-drafted content.
- c** The governance structure had been set out, although there was scope to explain more about the role and responsibilities of the statutory committee.
- d** The shorter of the two tables setting out types of alleged impairment in MPT hearings was the preferred option.
- e** Following the reference to commencing 90% of hearings within nine months of referral, an explanation was needed of what we do during the nine months.
- f** The reference to the creation of the MPTS as the biggest change to fitness to practise proceedings since the GMC was first established in 1858 was considered to be slightly too strongly worded.



- g** Further minor drafting points would be submitted directly by Committee members to the Communications Manager.

## **MPTS vision**

- 13** The Committee received a presentation on developing the MPTS vision. The Committee noted that:
- a** The vision would also be discussed at the MPTS staff away day later that week.
  - b** The vision was designed to address the operational independence of the MPTS as well as capturing how the work of the MPTS had to be aligned with elements of the GMC's overall strategy.
  - c** Further work would be carried out to update the vision, incorporating changes proposed by the Committee before discussion with the GMC's Fitness to Practise team.
  - d** The Committee would continue to be updated on the development of the vision and any resulting changes to key performance indicators and the performance dashboard.
- 14** During discussion, the Committee noted that:
- a** The eight strands in the vision seemed to have some overlap, so the aim should be to reduce the number to no more than four or five.
  - b** The strand on customer service did not give an indication of the quality of customer service, so some wording around providing a high standard of service to all MPTS users would be more appropriate.
  - c** The strand that referred to avoiding unnecessary delays could be worded more positively.

## **Adjournments**

- 15** The Committee received a presentation on MPT adjournments in the first quarter of 2017. The Committee noted that:
- a** The Adjournments Working Group had been established in November 2016 to review all MPT adjournments and identify ways to reduce the number of adjournments.
  - b** There had been 27 adjournments in the first quarter of 2017, resulting in cancellation fees for tribunal members costing around £15,000 and the scheduling

of an additional 118 hearing days at a potential cost of up to £267,860 should all 118 days be required.

- c The Working Group had identified actions and were closely monitoring results to track improvements to the number of adjournments.
- d The Committee would receive a report with an update on adjournments at its meeting on 19 September 2017.

**16** The Head of Operations tabled a paper setting out hearing duration data for new MPT hearings involved in the LQC pilot in the six month period from October 2016. The Committee noted that the 16 LQC-led hearings finished short by a total of 46 days, while two hearings that adjourned would require an additional seven hearing days; resulting in a net saving of 39 hearing days.

**17** During discussion, the Committee noted that:

- a The LQC pilot covered a range of cases, including self-represented doctors.
- b The results of the pilot so far should be closely looked at to identify what it was the LQCs were doing differently and what immediate lessons could be shared with other tribunal chairs, perhaps by involving LQCs in training.
- c Feedback from other users about the experience of LQCs should be gathered and analysed.
- d There were plans to expand the work of the MPTS Doctor Contact Service, which supported doctors at hearings, to engage with doctors earlier than the hearing stage.

### **Update on collaboration with other regulators**

**18** The Committee noted the oral update given as part of the Assistant Director's report.

**19** During discussion, the Committee noted that:

- a There was a steer from Government that it was looking to see more collaboration between regulators, ahead of expected changes to the regulatory system.
- b The MPTS, as well as the GMC, needed to be clear how any collaborative work would bring benefits, both in terms of efficiency and also for users and other stakeholders.

- c** There were no plans for the MPTS to make any firm decisions on collaborative working, as the emphasis remained on listening to the plans of others and assessing how collaborative work could fit in with those plans.

### **MPTS Committee work programme for 2017**

- 20** The Committee noted its work programme for 2017, with additional items on adjournments and expectations of Associates/Associate complaint procedures added to the agenda for 19 September 2017.
- 21** The Committee noted that the draft report to Council would be circulated for comment following the meeting.

### **Any other business**

- 22** The Committee noted that the following papers would be reserved from publication:
  - a** Annex C to the Assistant Director's report – the risk log.
  - b** Item 5, the draft MPTS report to Parliament.
  - c** Item 6, the MPTS vision.
- 23** The Committee noted that its next meeting would be on 19 September 2017.

### **Quality Assurance Group update**

- 24** The Committee received the update note which provided information on the quality assurance process to monitor and assist in the improvement of decision-making by Tribunals.
- 25** The Committee noted:
  - a** The changes to Quality Assurance Group (QAG) previously discussed by the Committee had been implemented, including reducing the length of meetings from two days to one day and focusing on determinations where decisions were considered to be in areas of greatest risk.
  - b** Common themes for feedback had been identified and would be incorporated in the programme for annual training.
- 26** During discussion, the Committee noted that the report was reassuring but did not go into detail about case preparedness. The Chair offered to invite the Case Manager to a future meeting to give the Committee a clearer picture of the activities to manage cases. The new job description for the new Senior Legal Adviser included being able to

substitute for the Case Manager to ensure that there was sufficient capacity and resilience for the role.

Confirmed

Dame Caroline Swift, Chair

Date: 19 September 2017



<b>Agenda item:</b>	<b>4</b>
<b>Report title:</b>	<b>Assistant Director's Report</b>
<b>Report by:</b>	<b>Lyndy Geddes, Assistant Director, MPTS,</b> <a href="mailto:lyndy.geddes@mpts-uk.org">lyndy.geddes@mpts-uk.org</a> , 0161 240 8126
<b>Action:</b>	<b>To consider</b>

### **Executive summary**

This report provides an update on our operational performance and includes the front page dashboard for key measures with supporting data provided. The figures are to the end of June 2017. The committee is asked to note the report.

Annex A is the dashboard and Annex B is the supporting data.

Annex C is the Risk Log, which forms part of the assurance process around the management of risks relating to the Committee's responsibility for ensuring the delivery of an efficient and effective Tribunal Service.

### **Recommendations**

The Committee is asked to:

- a** Consider the report, along with the dashboard at Annex A and supporting data at Annex B.
- b** Consider the Risk Log at Annex C.

## Operational Data

- 1 Annex A is a short dashboard, summarising key indicators and service level agreements (SLAs) against the headings of efficiency and effectiveness. The data supporting the dashboard is contained in Annex B.
- 2 Interim Orders Tribunal (IOT) referrals continue to fall to a steady 40% decrease over the last 12 months. The average percentage of MPT referrals over the last year continues to remain below 20. The impact of this will be felt in hearing days in 2017 which are now being built into the forecast budget for the remainder of the year and informing 2018 business planning,
- 3 Whilst hearing room utilisation has remained high, the target was exceeded for the first time in six months (83% in April 2017). This was in part due to rescheduling of adjourned hearings and additional days.
- 4 Service Targets continue to be consistently met with no areas for concern.
- 5 The rest of 2017 remains busy with more hearing days now forecast than were originally planned for the year. This is in part due to rescheduling of adjourned and additional days. These will be delivered within budget due to efficiencies made elsewhere.

## 2017 forecast

- 6 Planning work with GMC Finance has been completed and the forecast hearing days for 2017 is 2,380, down from 2,488 originally planned for 2016 and 2,857 in the current year end forecast. The result of this, combined with Section 60 efficiencies for the full year is that the MPTS budget for 2017 is £9,393k, a reduction of £1,180k against 2016. It is expected that this trend will continue although we will continue to monitor referrals from the GMC and our listings processes carefully.

## Doctor Representation

- 7 Our data regarding the number of self-represented doctors appearing at hearings shows that this has remained largely static at 14% (+1%) for new MPTs and 8% (-2%) for IOTs. The MPTS Case Manager has commenced a project to provide a workbook to support and guide self-represented doctors through the hearing process. The aim is to provide doctors with a comprehensive guide (with examples) of how to best present their case in a formal hearing environment.

## Complaints

- 8 No new complaints have been received this period.
- 9 A new position of MPTS Governance Officer has been advertised. This role will primarily support the MPTS Committee, but the post-holder will also provide oversight of all compliments and complaints received by the MPTS, ensuring we meet agreed service standards.

**10** The new Governance Officer will report to the Communications Manager.

### **Adjourned and Postponed**

- 11** The SLA on hearing start time is consistently met, however adjournment rates remain high, with a small reduction on the Q1 average of 3% (28% to 25%). The MPTS Adjournments working group continues to meet to review and monitor the volume and reasons for adjournments going forward. Part of this work will be to analyse historical data collected during the investigation of a doctor's fitness to practise to establish whether certain factors increase the likelihood of a subsequent hearing being adjourned.
- 12** The group will continue to make recommendations in an effort to further reduce the likelihood and impact of adjournments.
- 13** The number of MPT postponement requests has remained static at 13 for both Q1 and Q2. In contrast, the number of IOT postponement requests has risen from 8 to 22. Nevertheless, the percentage granted has fallen by 17%.

### **Tribunal Diversity and recruitment**

**14** Data on the diversity of the Tribunal pool and of hearings is included in Annex B.

### **Appeals**

**15** The number of appeals made by the GMC in Q2 has risen from 4 to 9 (125%), with a total of 17 being lodged in the last 12 months. The GMC was successful in its first three appeals. Judgement is awaited in all other cases with each court hearing expected to take place before the end of the year.

### **User Group Meeting**

- 16** The next User Group Meeting is scheduled for Monday 9 October 2017, with the suggested agenda covering various topics including:
- a** MPTS Vision
  - b** Legally Qualified Chairs update
  - c** Videolinks/Skype
  - d** Timetabling and Decision Making

## **MPTS Collaborative Working**

- 17** The Chair met with the Chief Executive of the GMC to agree parameters for collaborative working with the General Dental Council (GDC) and Nursing and Midwifery Council. A meeting is scheduled for October with the GDC Chair and Chief Executive Officer.





# Annex A: MPTS Performance Dashboard

# MPTS Performance Dashboard 2017

KPIs	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
To commence 100% of Interim Orders Tribunal (IOT) hearings within 3 weeks of referral	100%	100%	100%	100%	100%	100%	n/a	n/a	n/a	n/a	n/a	n/a
Commence 90% of Medical Practitioners Tribunal (MPT) hearings within 9 months of referral	100%	100%	100%	100%	100%	100%	n/a	n/a	n/a	n/a	n/a	n/a
Efficiency												
QTR Finance variance in £ cumulative variance percentage	Q1 £162,144 7.1%			Q2 £573,679 10.2%			Q3			Q4		
Hearing room utilisation (target - 80%)	74%	63%	77%	83%	72%	78%	n/a	n/a	n/a	n/a	n/a	n/a
QTR Hearing days actual vs estimate variance	Q1 ALL 586e/551a = 35 days, <5.9% MPT 510e/484a = -26 days, <5.09% IOT 76e/67a = -9 days, > 11.8%			Q2 All 658e / 592a = -166 days / <10% MPT 582e / 498a = - 84 days / <14.4% IOT 76e / 94a = + 18 days / >23.6%			Q3 - forecast All 590			Q4 - forecast All 595		
Adjournments – MPT – new cases only	20%	35%	29%	36%	19%	24%	n/a	n/a	n/a	n/a	n/a	n/a
QTR Postponements requested (granted) QTR	21 (12) MPT 13 (7) – IOT 8 (5)			35(14) MPT 13 (4) – IOT 22 (10)			n/a			n/aQTR		
QTR Average hearing length MPT -incl new & reconvened (estimated/actual)	9.4e / 8.8a			9.4e / 8.8a			n/a	n/a	n/a	n/a	n/a	n/a
Appeals registered	Doctor	4	0	1	0	0	2	n/a	n/a	n/a	n/a	n/a
	GMC	0	2	2	4	3	3	n/a	n/a	n/a	n/a	n/a
	PSA	1	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a
Professional Standards Authority Reports	0	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Complaints received	0	1	1	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
QTR Panel Diversity - % of MPT / IOT achieved full diversity	38% / 21%			56%/19%			N/A			N/A		



# Annex B: Supporting Information

# MPTS Performance Dashboard 2017 – Supporting info

## 1. Diversity Data MPT

Medical Practitioners Tribunal		Q1 2017	Q2 2017	Q3 2017	Q4 2017	Total 2017
1.	<b>Total hearing days</b>	484	495			
2.	<b>Diverse tribunal hearing days achieved - ethnicity and gender (%)</b>	184 (38%)	277(56%)	(%)	(%)	<b>(%)</b>
3.	<b>Diverse tribunal hearing days achieved - gender only (%)</b>	281 (58%)	172(35%)	(%)	(%)	<b>(%)</b>
4.	<b>Diverse tribunal hearing days achieved - ethnicity only (%)</b>	9 (2%)	16(3%)	(%)	(%)	<b>(%)</b>
5.	<b>Non-diverse tribunal hearing days achieved – no BME/Non-BME and single-sex (%)</b>	10 (2%)	30(6%)	(%)	(%)	<b>(%)</b>

# MPTS Performance Dashboard 2017 – Supporting info

## 2. Diversity Data IOT

Interim Orders Tribunal		Q1 2017	Q2 2017	Q3 2017	Q4 2017	Total 2017
1.	<b>Total hearing days</b>	67	68			
2.	<b>Diverse tribunal hearing days achieved - ethnicity and gender (%)</b>	14 (21%)	13 (19%)	(%)	(%)	(%)
3.	<b>Diverse tribunal hearing days achieved - gender only (%)</b>	47 (70%)	48 (71%)	(%)	(%)	(%)
4.	<b>Diverse tribunal hearing days achieved - ethnicity only (%)</b>	2 (3%)	4 (6%)	(%)	(%)	(%)
5.	<b>Non-diverse tribunal hearing days achieved – no BME/Non-BME and single-sex (%)</b>	4 (6%)	3 (4%)	(%)	(%)	(%)

# MPTS Performance Dashboard 2017 – Supporting info

## 3. Doctor representation and attendance data (Q2 new cases)

**Table 1. MPT new hearings – doctor representation and attendance April - June 2017**

Category	April 2017	May 2017	June 2017	Total
Doctor represented and either present or not present	6 (50%)	8 (57%)	10 (63%)	24 (57%)
Doctor not represented but present	3 (25%)	2 (14%)	1 (6%)	6 (14%)
Doctor not represented or present	3 (25%)	4 (29%)	5 (31%)	12 (29%)
<b>Total</b>	<b>12 (100%)</b>	<b>14 (100%)</b>	<b>16 (100%)</b>	<b>42 (100%)</b>

**Table 2. IOT new hearings – doctor representation and attendance April - June 2017**

Category	January 2017	February 2017	March 2017	Total
Doctor represented and either present or not present	20 (77%)	23 (79%)	19 (61%)	62 (72%)
Doctor not represented but present	3 (11.5%)	0 (0%)	4 (13%)	7 (8%)
Doctor not represented or present	3 (11.5%)	6 (21%)	8 (26%)	17(20%)
<b>Total</b>	<b>26 (100%)</b>	<b>29 (100%)</b>	<b>31 (100%)</b>	<b>86 (100%)</b>

# MPTS Performance Dashboard 2017 – Supporting info

## 4. Monthly referrals to IOT and MPT

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	12 month Average
IOT	36	24	22	36	26	28	32	27	25	32	27	25	28
MPT	18	18	18	22	16	24	18	19	22	18	19	22	19.5

# MPTS Performance Dashboard 2017 – Supporting info

## 5. Tribunal actual hearing days

**Tribunal actual hearing days, compared with the same period in 2016 (in brackets)**

Tribunal	July 2017 (March 2016)		Year to end July 2017 (YTE July 2016)
	Manchester	Outside Manchester	
MPT Conviction	14 (0)	0 (0)	64 (35)
MPT Determination	0 (0)	0 (0)	5 (1)
MPT Health	5 (12)	0 (0)	34 (72)
MPT Misconduct	88 (150)	0 (0)	702 (1001)
MPT Performance	4 (2)	0 (0)	62 (25)
MPT English language	0 (0)	0 (0)	3 (5)
MPT Multi-factorial	32 (52)	0 (0)	209 (307)
MPT Non-compliance	4 (3)	0 (0)	8 (3)
MPT Restoration	10 (6)	0 (0)	49 (34)
Interim Orders Tribunal	23 (27)	0 (0)	158 (226)
<b>Total</b>	<b>180 (252)</b>	<b>0 (0)</b>	<b>1294 (1709)</b>



# MPTS Performance Dashboard 2017 – Supporting info

## 6. Budget

	Q2				YEAR TO DATE				FORECAST			
	Budget	Actual	Variance	% Var	Budget	Actual	Variance	% Var	Budget	Actual	Variance	% Var
Staff costs	270,508	274,002	(3,493)	(1.3)%	1,875,376	1,782,202	93,174	5.0%	3,236,635	3,180,851	55,784	1.7%
Staff support costs	2,149	794	1,355	63.1%	17,142	5,545	11,596	67.7%	53,266	46,439	6,827	12.8%
Office supplies	9,013	5,138	3,875	43.0%	63,090	44,510	18,581	29.5%	107,041	94,732	12,309	11.5%
IT and telecoms costs	2,245	2,023	222	9.9%	15,715	11,139	4,576	29.1%	26,940	24,444	2,496	9.3%
Legal costs	1,292	4,350	(3,058)	(236.8)%	9,042	4,350	4,692	51.9%	15,500	11,625	3,875	25.0%
Panel & assessment costs	427,313	404,085	23,227	5.4%	3,533,907	3,227,885	306,022	8.7%	5,805,132	5,519,676	285,457	4.9%
Unallocated efficiency savings	73,710	0	73,710	100.0%	135,039	0	135,039	100.0%	149,250	0	149,250	100.0%
<b>Total Expenditure</b>	<b>786,229</b>	<b>690,392</b>	<b>95,837</b>	<b>12.2%</b>	<b>5,649,311</b>	<b>5,075,631</b>	<b>573,679</b>	<b>10.2%</b>	<b>9,393,764</b>	<b>8,877,766</b>	<b>515,998</b>	<b>5.5%</b>

### Year to Date variance:

#### Staff Costs

Headcount has been around 10% lower than budget. From late 2016 to March 2017 a number of staff have left the team, usually to other roles within the GMC. Other than 3 posts given up for efficiency savings, all posts have now been recruited to. Budget adjusted for efficiency savings achieved through reducing headcount in MPTS Operations.

#### Staff Support Costs

Ytd underspend largely relates to no recruitment spend.

#### Office Supplies

Underspend across all cost types, most significantly reduced postage and photocopying charges.

#### IT & telecom Costs

Small underspend due to reduced BT Conferencing and minimal spend on IT Equipment.

#### Legal Costs

The budget is for ad hoc legal costs for unrepresented doctors & process server work. £4k spend ytd.

#### Panel & Assessment Costs

Budgeted number of hearing days was 1463 (inc ROPs), 1286 MPT days and 177 IOT days. The actual number was 1328 (inc ROPs), 189 IOT days and 1139 MPT days. This reduction in volumes provides £319k underspend on Associate Fees and Expenses. There has been a slight reduction in average hearing length which contributes to reduced volume. Underspend is after reducing budget by £115k ytd for allocation of efficiencies through greater use of LQCs and £76k due to consolidated interview and induction process. Transcription costs are overspent by £22k ytd. Volumes are trending higher than 2016 mostly due to impact of appeals. This will be monitored closely over the coming months to assess long term impact.

#### Unallocated Efficiency Savings

Achieved £243k efficiencies ytd against a target of £108k. Efficiencies claimed are for increased use of LQCs, reduction of headcount in MPTS Operations, and consolidation of LQC and LA interview and induction process.



# Case Management: Overview & Key Developments

## Item 6 – To note

Samantha Bedford

*Case Manager*

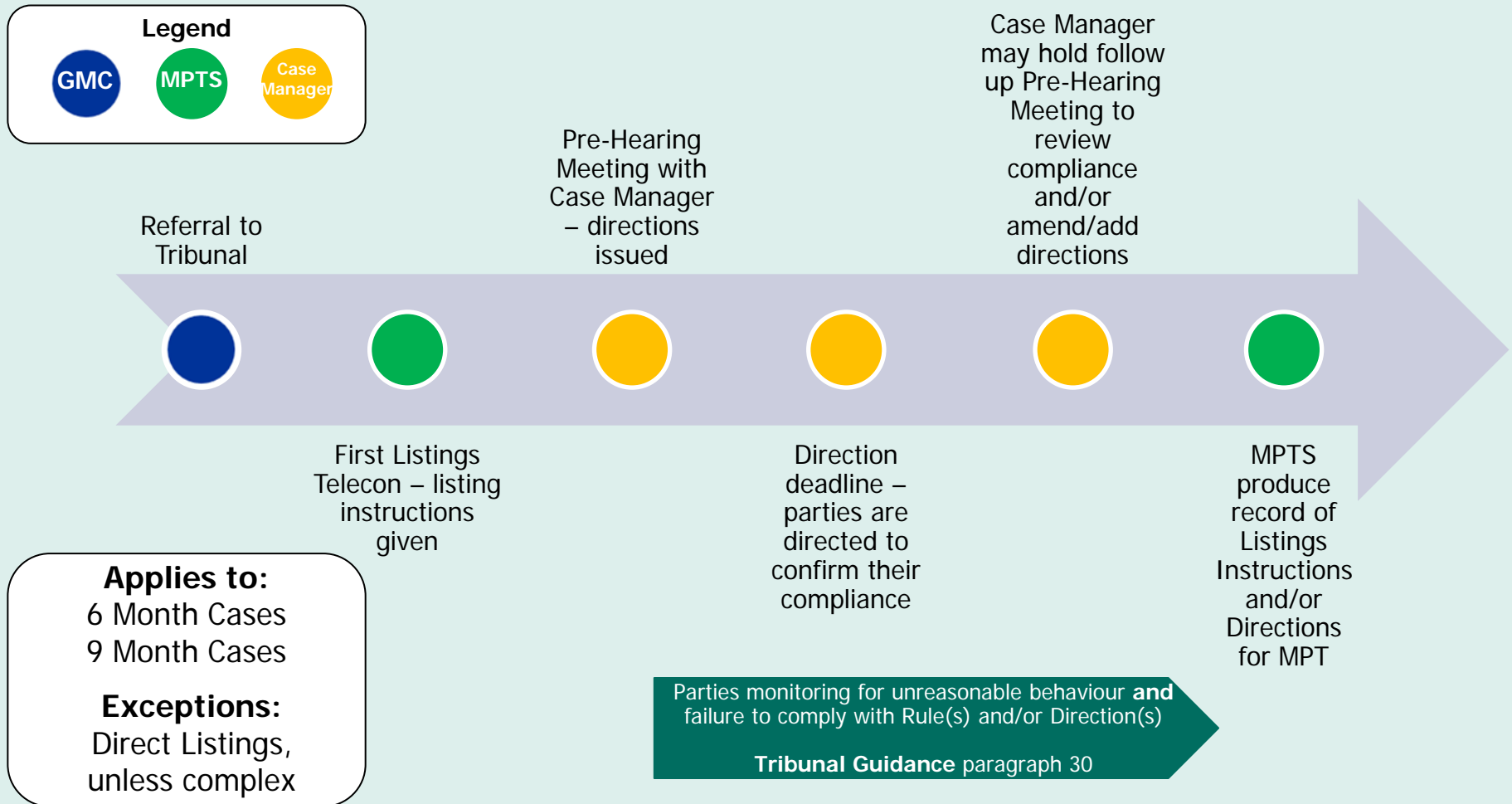
September 2017

# Contents

---

- Overview of pre-hearing case management process
  
- Key developments in 2016 & 2017
  - In focus: advance bundles
  
- Where next? Key priorities for 2017 & 2018

# Pre-hearing case management: process overview



# Pre-hearing case management: key activities

- **First/Second Listing Telephone Conferences**
  - Chaired by Listings staff
  - Generate Listings Instructions which are not legally binding
  - Provide preparation timetable and reminder of minimum requirements
  
- **Pre-Hearing Meeting Directions**
  - Chaired by a legally qualified Case Manager
  - Legally binding case management directions
  - Provide directions on disclosure, preliminary issues, hearing bundles and more

# Pre-hearing case management: approach to different cases

Case Description	Typical Case Management
<b>Direct Listings</b> , including <b>Review Hearings</b> and <b>Non-Compliance Hearings</b>	<ul style="list-style-type: none"> <li>Listings Instructions issued by the MPTS Listings Team in writing without telephone conferences</li> </ul>
<b>6-month Cases</b> listed for 5 days or less	<ul style="list-style-type: none"> <li>First Listing Telephone Conference</li> <li>Second Listing Telephone Conference</li> </ul>
<b>6-month Cases</b> listed for 6 days or more	<ul style="list-style-type: none"> <li>First Listing Telephone Conference</li> <li>Pre-Hearing Meeting</li> </ul>
<b>9-month Cases</b> of any duration	<ul style="list-style-type: none"> <li>First Listing Telephone Conference</li> <li>Pre-Hearing Meeting</li> </ul>

## PLUS self-represented doctors

“...The MPTS will carefully consider the appropriate level of case management for all cases where a party does not have legal representation. In such cases, the MPTS will consider whether it would be beneficial for a Listings Telephone Conference and/or a Pre-Hearing Meeting to be held...”

# Pre-hearing case management: enforcement

For matters referred to MPTS on or after 31/12/2015, there are **potential** consequences if the parties do not comply with the Rules or a legally binding case management direction:

- Adverse inferences
- Exclusion of evidence
- Costs – also requires unreasonable behaviour

## Key developments in 2016 & 2017

- Revising our parameters to **include more hearings in case management**
  - in 2015 we held around 80 pre-hearing meetings (formerly case reviews)
  - in 2016 we held around 200 pre-hearing meetings
- Establishing a **monitoring process** for case management directions & escalating GMC failures to comply with deadlines
- Modernising our approach in **problematic areas**:
  - Preliminary legal issues & preliminary hearings
  - Witness timetabling
  - Bundle preparation, including advance bundles trial
- Improving our **guidance** on:
  - Pre-hearing case management
  - Video links, telephone evidence and special measures



## In focus: hearing bundles in advance

- Trial ran from **March to May 2017**: bundles of witness statements & documents must be provided to MPTS **14 days** in advance, supported by **case management directions**
  
- **17 hearings in trial** across range of case types
  - Bundle not provided in 1 hearing due to preliminary issue
  - Bundle provided on time in 7 hearings
  - 3 engaging doctors participated with limited difficulties
  
- Savings made on hearing length pre-hearing & during hearing
- Feedback on distinction between advance bundles/paperless hearings
- June 2017: Change Board agreed phased rollout across all new hearings

# Where next? Key priorities for 2017 & 2018

- Complete implementation of **advance bundles for all new hearings**, including new published guidance on bundles & preliminary legal arguments
- **Bring all case management work in-house** to generate savings, increase capacity & speed up decision-making
- Further enhance our offering for **self-represented doctors**
  - Doctors' workbook
  - Bring more self-represented doctors into case management
- Explore options to **put legally binding directions earlier in the process**
- Identify lessons from **adjournments** to feed into case management directions & listing estimates – balancing caution with appropriate use of resources



# Medical Practitioners Tribunal adjournments

January – June 2017

Item 9 – to note

Scott Geddes

*Head of Operations*

September 2017

# MPT adjournments January – June 2017

- 62 MPT adjournments – 49 new cases, including 20 reconvened cases, and one case which adjourned twice (both during-hearing and at the end of the allocated hearing days), 12 review cases and one restoration case.
- Of the 49 new cases, the adjournment timings meant that we ‘lost’ 46 days, i.e. days scheduled to run, but which didn’t. For each of the 46 days we will have to pay tribunal member cancellation fees, which will cost in the region of £22,000.
- The 49 new case adjournments required us to schedule an additional 272 [reconvened] hearing days. At an average hearing day cost of £2,270, the 49 new case adjournments will cost around £617,440, should all 272 days be required.
- The Adjournments Working Group identified a number of actions to reduce the MPT adjournment rate. These were reported to the MPTS Committee in May 2017 and are set out later in this report, together with a progress report on each.

## MPT adjournments (during hearing month)

Hearing month	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Total
No. new case (including reconvened cases)	4	11	5	13	5	11	49
No. review case	2	2	2	1	3	2	12
No. Restoration case	1	0	0	0	0	0	1
Total 'lost' days	7	23	1	4	7	6	48
Total additional days required	50	49	28	64	48	50	289

# MPT adjournments – new cases *that commenced per hearing month*

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Total
<b>No. adjournments /new cases commenced (and % adjourned)</b>	4/20 (20%)	6/17 (35%)	5/17 (29%)	5/14 (36%)	3/16 (19%)	5/21 (24%)	<b>28/105 (27%)</b>
<b>Total additional days required</b>	42	44	24	48	43	22	<b>223</b>

# MPT new case adjournments – Doctor representation & attendance

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Total
Doctor represented (present or not)	2 (50%)	4 (67%)	4 (80%)	3 (60%)	1 (33%)	2 (40%)	16 (57%)
Doctor not represented but present	2 (50%)	1 (16.5%)	1 (20%)	2 (40%)	2 (66%)	1 (20%)	9 (32%)
Doctor not represented or present	0 (0%)	1 (16.5%)	0 (0%)	0 (0%)	0 (0%)	2 (40%)	3 (11%)
Total	4 (100%)	6 (100%)	5 (100%)	5 (100%)	3 (100%)	5 (100%)	28 (100%)

## MPT new hearings *that commenced per hearing month* and either finished short, exactly to schedule or adjourned.

MPT new hearings	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	Total
Short	11	7	10	2	6	11	47 (45%)
Exactly to schedule	5	4	2	7	7	5	30 (28.5%)
Adjourned	4	6	5	5	3	5	28 (26.5%)
<b>Total</b>	20	17	17	14	16	21	105 (100%)



# MPT adjournment 'themes'

- Readiness and preparedness of parties – not complying with case manager directions, late disclosure of bundles/material.
- Doctor representation not in place, or being negotiated.
- Doctor seeking to engage remotely or attending inconsistently.
- Time management: the tribunal's management of the hearing; witness scheduling; insufficient time listed.
- Self-represented doctor engagement/understanding.
- Truly unavoidable circumstances – sickness, changes of circumstance, need to obtain reports.

# Update on actions identified (1)

Action	Update
<ul style="list-style-type: none"> <li>Recruitment of Legally Qualified Chairs</li> </ul>	72 appointed, inducted and trained. New LQCs now sitting. LQC sitting criteria established.
<ul style="list-style-type: none"> <li>Bundles to tribunal members in advance</li> </ul>	Sep: selection of case-managed cases; Nov: all case-managed cases; End Dec: all new cases.
<ul style="list-style-type: none"> <li>Tribunal Chair training on assertiveness / managing hearings</li> </ul>	LQC induction training and 'other Chair' annual training – section on active case management.
<ul style="list-style-type: none"> <li>Direct feedback to GMC on readiness and preparedness [and impact on hearings]</li> </ul>	Case manager monthly report to GMC and liaison re: fast tracking of cases. GMC commitment to address performance issues.
<ul style="list-style-type: none"> <li>Case manager direction on advance provision of party witness schedules</li> </ul>	Standard direction changed – GMC to draft witness schedule for Defence to review by specified date. Agreed version produced.
<ul style="list-style-type: none"> <li>Engagement with parties at User Group &amp; Case Management meetings</li> </ul>	Updates provided re: key actions identified and party engagement / suggestions sought.

## Update on actions identified (2)

Action	Update
<ul style="list-style-type: none"> <li>Adjournments Working Group monitoring and reporting</li> </ul>	Actions identified, reports to MPTS Change Board and Committee, liaison with parties.
<ul style="list-style-type: none"> <li>Tribunal Chair reports on reasons for adjournments</li> </ul>	Now a requirement. Feeds into Adjournments Working Group monitoring and reporting.
<ul style="list-style-type: none"> <li>Self-represented Dr case management workbook /additional support material</li> </ul>	Delivery target Q4 2017.
<ul style="list-style-type: none"> <li>MPTS Doctor Contact Service support to self-represented doctors at SJB</li> </ul>	Excellent feedback received. DCS support to be extended to pre-hearing stage Q4 2017.
<ul style="list-style-type: none"> <li>Case management – pilot pre-hearing meetings at start of process rather than mid-way</li> </ul>	To start 2018 – due to capacity and priority given to other business improvement initiatives.