MPTS Committee
Wednesday 7 September 2016
10:00-13:00
Chair’s office
7th Floor, St James’s Buildings
79, Oxford Street, Manchester, M1 6FQ

Agenda

Meeting
1 Chair’s business
2 Minutes of the meeting on 10 May 2016
3 Chair’s report (oral)
4 Assistant Director’s report
5 MPTS Risk Register
6 MPTS Vision
7 Any other business

8 *Quality Assurance and Audit
9 *Quality Assurance Group update

*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.
Minutes of the Meeting on 10 May 2016

Members present

David Pearl, Chair
Richard Davies
Howard Matthews
Patricia Moultrie
Judith Worthington

Others present

Tamarind Ashcroft, Head of Tribunal Development (item 10)
Umair Badat, Project Manager (items 7 and 9)
Chris Bone, Programme Manager – Change Quality and Information (item 7)
Howard Matthews, Assistant Director – MPTS
Vicky Elkin, acting Committee Secretary

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
Chair’s business

1. The Chair welcomed members to the meeting of the MPTS Committee.

2. The Chair reported that it had been agreed to consider agenda item 10, *Legally Qualified Chairs pilot update*, for discussion during the meeting.

Minutes of the meeting on 23 February 2016

3. The Committee approved the minutes of the meeting on 23 February 2016 as a true record.

Matters arising

4. In relation to paragraph 5cii of the minutes, it was noted that no internal transfers to the Interim Orders Tribunal pool were currently required for operational reasons, and that it would be kept under review over the course of the year.

5. In relation to paragraph 10 of the minutes, it was noted that a brief report from Tim Howard following his observation of the Quality Assurance Group (QAG) meeting on 23 February 2016 could be found at Annex C of agenda item 4 - *Assistant Director’s Report*.

6. In relation to paragraph 5civ of the minutes, it was noted that the level of remuneration paid to legal assessors would be considered by the Committee after the appointment of tribunal chairs was finalised and the process for the appointment of Legally Qualified Chairs progressed.

7. The Committee considered its actions arising, noting that three actions were pending. It was noted that:

   a. Work was underway to source a version of the Moore Stephens audit report of the observation process, and that the Q&A to support this would be developed once the report was received. It was noted that the User Group had expressed a preference for an independent observer, but that the potential cost of this was prohibitive.

   b. Options for quality assurance activity would be considered as part of the Assistant Director’s Report at this meeting. Proposals would be developed over the coming weeks, and a paper on the issue would be brought to the Committee’s meeting on 7 September 2016.

   c. Dates for the remaining User Group meetings in 2016 were yet to be confirmed, and would be communicated to the Committee once finalised.
Chair’s report
8 The Chair provided an update on work and activities that had taken place since February 2016, noting that he had:

a Spoken at meetings of the University of Central Lancashire Medical and Law Schools, and at the Glasgow Local Medical Committee.

b Met with Chris Kenny, Chief Executive of the Medical and Dental Defence Union of Scotland.

c Met with Alison Britton, Professor of Healthcare and Medical Law at Glasgow Caledonian University.

d Met with Professor Louis Appleby who had been appointed to review the GMC’s fitness to practise processes in relation to the support of vulnerable doctors.

e Submitted an article which was expected to be published in the June 2016 edition of the Tribunals Journal.

9 The Chair reported that he would, following this meeting, meet with students from Newcastle University who had visited the MPTS and observed hearings; and would speak at a meeting of the Local Medical Committee in Wigan.

10 It was noted that the expected consultation on regulatory reform had not yet taken place, and was expected to take place in late 2016 at the earliest.

Assistant Director’s report
11 The Committee received the Assistant Director’s report, and noted:

a MPTS operational performance data for the period from 1 January to 31 March 2016, with rolling 12 month figures where appropriate.

b An analysis of FTP postponement and adjournment data for the 12 month period to March 2016.

c An update on the MPT Panel and IOT diversity achievement rate for 2016.

d Doctor representation and attendance data for the 12 month period to March 2016.

e Forecasts for Medical Practitioners Tribunals and Interim Order Tribunals for 2016, the year to date financial outturn and budget.

f MPTS appeals data for the 12 month period to April 2016, which was tabled at the meeting.
12 The Committee also:

a Considered the new dashboard of performance details and key performance indicators (KPIs), and agreed that consideration should be given to:

i Whether the existing targets for each KPI were appropriate.

ii Making the way in which targets were expressed consistent, as either qualitative or quantitative.

iii Options for presenting the average hearing length as a range instead of a single number.

iv Expressing the Diversity Quarterly % of MPT KPI in a way which was more descriptive of its meaning.

b Considered the report from Tim Howard following his observation of the QAG meeting on 23 February 2016, and:

i Agreed that it was sufficient for the Chair to attend QAG meetings, and that other members of the Committee would not be required to attend.

ii Agreed that consideration would be given to the Committee receiving a report on outcomes of the work of the QAG.

13 During discussion, the Committee noted:

a That the GMC’s Quality Assurance team were exploring options for presenting the first two KPIs related to the commencement of IOT and MPT hearings in a manner which would be more useful to the Committee.

b That a summary of the complaints received would be circulated to the Committee by email.

c That the average number of Interim Order Tribunal panels held each day was falling, which could in part be attributed to the GMC’s investigations team implementing a new provisional enquiry process, and to a more cautious approach to IOT referrals generally. It was noted that this had led to an impact on the level of hearing room utilisation which was at 74% in March 2016, and that it was being monitored and would be reviewed later in 2016.

d The QAG had proposed an Adjournment Working Group, which would potentially involve the Chair of the MPTS Committee as well as representatives from the GMC and from Medical Defence Organisations, with the aim of reducing the number of adjournments. It was noted the issue would be explored at an upcoming workshop.
the outcome of which would be reported back to the Committee at its meeting on 7 September 2016.

e That a detailed business continuity plan had been developed for the MPTS, which was undergoing some changes following review by staff.

Draft Report of the Medical Practitioners Tribunal Service Committee

14 The Committee received the draft report of the MPTS Committee, which would be considered by the GMC/MPTS Liaison Group on 17 May, and by Council at its meeting on 7 June 2016.

15 The Committee approved the draft report for consideration by the GMC/MPTS Liaison Group and by Council, subject to:

a Amending the Executive Summary:

i To make it clear that all cases are actively case managed, rather than the ‘majority of cases’ as currently stated.

ii Adding a new bullet point to summarise the efficiency savings at paragraphs 12 to 14 of the draft report.

b At paragraph 14, updating the net efficiency saving figure so it would be as up to date as possible before the report was considered by Council.

16 During discussion, the Committee noted that:

a It was aware that the finding of impairment with no further action, as noted in Annex A of the draft report, could be considered to be an unsatisfactory outcome. It was noted that a change in legislation would be required for Tribunals to have the power to find impairment and also issue a warning.

b The paper would be withheld from publication on the external website until such time as the final version had been considered by Council at its meeting on 7 June 2016.

MPTS Risk Register

17 The Committee received the MPTS Risk Register, which had been updated to include strategic level risks at the start of the register.

18 The Committee agreed that:
a The residual risk assessment of Risk 13 and Risk 14 would be changed from a red to an amber rating following the mitigating actions which had been undertaken.

b Consideration should be given to adding a new risk to the Register about the MPTS becoming marginalised and failing to influence on issues of national significance in the wider regulatory environment, for example the potential risk of fitness to practise processes if regulators were to merge following the Government’s consultation on regulatory reform.

c Consideration should be given to adding a new risk to the Register about the role of the Committee, and appropriate structures being in place to enable the Committee to deliver on the overarching objective.

d Strategic risks should be moved to the start of the Risk Register.

19 During discussion, the Committee noted that:

a It would consider the MPTS Risk Register twice each year, and that consideration would be given to also bringing a detailed report on one risk if agenda time allowed.

b The MPTS Risk Register would be withheld from publication on the external website as directorate level risk registers were not published. The Committee noted that Council had agreed that the Corporate Risk Register should be published, and that it would include any corporate risks associated with the MPTS.

Developing the MPTS vision

20 The Committee received a presentation introducing the strategic work proposed by the MPTS executive and the MPTS Policy Forum to develop the vision and design principles to underpin planning for the future of the MPTS.

21 The Committee:

a Considered the proposed vision, and agreed that:

i The vision statement should be amended to be more strategic, and include reference to fairness, trust and the overarching objective and public protection.

ii The third bullet point should be amended to remove reference to supporting effective regulation.

iii It should include reference to the independence and/or autonomy of the MPTS, as well as the aim to be trusted both by doctors and the public.
b Considered the proposed design principles, and agreed:

i To change the statement from ‘we will continue to protect the public’ to ‘we will protect the public’.

ii To remove statements such as ‘best in class’ and ‘best practice’ and ‘new and innovative’, and include more statements about learning from others, being a learning organisation and continuous improvement.

iii To remove specific reference to supporting doctors without representation so as to not single out one particular group.

c Considered the strengths, weaknesses, opportunities and threats (SWOT) analysis, and agreed to add:

i Strengths including the broad experience of both the executive team and the pool of tribunal members; a powerful drive for continuous improvement.

ii Weaknesses including the lack of a clear articulation of targets; a lack of clarity in the way in which it is communicated that poor performance is dealt with.

iii Opportunities including the Section 60 Order.

iv Threats including lobby from medical defence organisations; potential negative perception from the medical profession; the decreasing time available for medical members to participate as panellists; changes instigated by Parliament.

22 During discussion, the Committee noted that:

a Further options for the vision and the design principles would be developed and circulated to the Committee by email for its consideration.

b The proposed timeframes would be adjusted to take into account time for the Committee to agree the vision and design principles.

c Members were invited to provide more feedback on the SWOT analysis by email.

d The change and improvement activity slides included in the presentation were for illustration purposes only, and were not representative of all planned activity within the MPTS.

Any other business

23 The Committee noted that the next meeting would be on 7 September 2016.
Section 60 impact and benefits

24 The Committee received an update on the implementation of the Section 60 Order amendments to the Medical Act 1983 which came into force on 31 December 2015.

25 During discussion, the Committee noted that:

a The first non-compliance hearing, following the new powers which came into force from 31 December 2015 due to the Section 60 Order, was expected in July 2016.

b Each part of the implementation project plan had now been closed, with monitoring and review processes in place to ensure operational continuity and to check that the operational processes as originally designed continued to be fit for purpose.

c A further audit on the Section 60 Order implementation was planned for toward the end of 2016.

Legally Qualified Chairs trial update

26 The Committee received an update on the outcome of the evaluation of the use of Legally Qualified Chairs, which had been trialled between 1 January and 31 March 2016.

27 During discussion, the Committee noted that:

a In extending the use of Legally Qualified Chairs, consideration would be given to what further support for unrepresented doctors could be offered, without detriment to the hearing process.

b Options were being explored for the delivery of emotional support to doctors and to witnesses where required.

c The Judicial Review brought by the British Medical Association in relation to Legally Qualified Chairs had been dismissed.

Confirmed:

David Pearl, Chair 7 September 2016
Agenda item: 4
Report title: Assistant Director’s Report
Report by: Howard Matthews, Assistant Director, MPTS, howard.matthews@mpts-uk.org, 0161 240 7106
Action: To consider

Executive summary
This report includes the front page dashboard for key measures at Annex A with supporting data provided at Annex B. The figures given are to the end of July 2016 except for the doctor representation data which is to June 2016 as the data requires more processing to extract.

Business Planning for 2017 is now underway and workload forecasts are being developed for the baseline resource. In addition, change and development plans have been drafted and are presented at Annex C.

Recommendations
The MPTS Committee is asked to consider:

a  The report and Annexes A and B.
b  The 2017 plan 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 Order Tribunal (IOT) referrals continue to fall with a 30% decrease over the last 12 months. GMC confirms there is no change in processes and the reduction can be attributed to the case mix being received and application of decision making standards.

3  Medical Practitioner Tribunal (MPT) referrals have also declined although as outlined below, the case mix is expected to lead to increased hearing days and average lengths.

4  GMC Stream 1 cases – those which tend to lead to a hearing – have also decreased. This is largely the result of the GMC’s new Provisional Enquiries activity whereby an early enquiry determines whether the case should go forward. Impact on hearings is not expected as these are the Stream 1 cases which would not be referred to hearings anyway.

5  The GMC have exercised their Right of Appeal for the first time.

2016 2nd half

6  Cases referred since January 2016 are listed in the 2nd half of 2016 and we are seeing an upturn in hearing length and the number of hearing days required. A number of complex cases have been referred by the GMC and, following case management, are now being listed. The impact of this is that the number of hearing days forecast for the second half of the year is 2857, compared to 2733 forecast at the start of the year.

7  The impact of these cases is that the average hearing length is likely to increase. Utilisation of hearing rooms will also rise and the increased number of hearing days must be funded.

8  We are investigating with GMC whether this increase in hearing length indicates a trend of any sort, and whether further advanced warning indicators could be put in place to inform us of the complexity of referrals before they are made. There would necessarily be some risk in this as cancellations and late changes could alter the picture.

9  The MPTS Case Manager has analysed 27 of 40 cases. In three cases hearing lengths have been reduced. Four have required increases and 11 are under active review. The remainder have reviews scheduled. 12 of the cases involve self-represented
doctors or those who are not engaging at all. Additional time is allowed for these and indicates that further action across these hearing types could have a positive impact. Action in the 2017 plan is outlined in Annex C.

10 The financial forecast for 2016 remains that we will deliver all hearings within our existing budget. The increased hearing days now forecast is balanced by the savings being made from the implementation of Section 60 changes. Forecast efficiencies of £460k will be delivered in addition.

Doctor Representation

11 Data on the number of self-represented doctors appearing at hearings has remained largely static at 13% for FTP/MPT and 10% for IOP/IOT.

Complaints

12 No new complaints about the MPTS have been received in the period.

Adjourned and Postponed

13 Data on adjournments and postponements is included in the report. We have now set up an adjournments working group to consider further action to tackle the number of hearings that adjourn. Other jurisdictions achieve rates between 7% (Mental Health) and 17% (Criminal Compensation) (2010/11 figures). Actions to date include Quality Assurance Group reviews and the Tribunal Chair adjournment reports but it is clear from the data that more can be done. We propose to publicise the working group widely and engage directly with parties through the Case Management and User Groups. We will invite contributions from defence organisations and GMC to address the issue as well as using lessons learned from our statutory Case Management function.

14 Judgements from the High Court have supported the assumption that hearings proceed if the doctor absents themselves and a number of current adjournments appear to be due to doctors organising representation at a very late stage.

15 There are also elements of timeliness in the management of the hearing which can be addressed through training and continuing review.

16 Lessons from Case Management will be taken forward through the Case Management Group with both the GMC and defence organisations. The true “readiness” of the case at the point of referral, late disclosure and new issues arising can all impact case completion at first hearing.
Tribunal Diversity and recruitment

17 Data on the diversity of the Tribunal pool and of hearings is included in Annex B. The recent recruitment exercise for Medical Tribunal Members received 173 applications of which 55 were shortlisted. Over 30 offers are expected to be made following interviews and assessment. A full breakdown of the successful applicants will be circulated and included in the Chair’s report to Council.

Legally Qualified Chairs

18 An extended selection of cases has been identified for trial from October. To date more than 100 MPT hearing dates have been secured with a legally qualified chair between October and December which will see the trial in a wide range of case types.

19 Hearings that are currently not being selected for trial include multi-factorial cases over 10 days in length, cases involving English language and determinations and conviction cases which include an overseas element. We will aim to ensure that in hearings where a doctor is self-represented, there will be non-legal support available outside of the hearing room. We are now preparing the LQC recruitment process and are considering the appropriate methods to evaluate the extension of the trial.

Service Level Agreements

20 Following discussion at the last Committee meeting work has continued on revision and development of MPTS SLAs.

21 It is now planned that for 2017 the SLA for the hearing start dates will allow a week of flexibility so that hearings are not forced to start at the end of a week simply to meet the SLA.

22 A three month view of the SLA for MPT hearings will accommodate the fact that hearing numbers are low and one missed hearing in a single month can mean a missed SLA.

23 A review of the Case Management function after 12 months will be completed with GMC and defence organisations and one of the focuses of this will be case readiness and the suitability of the current six and nine month targets.

24 A further measure will be how many cases complete within their allocated days which PSA will be monitoring at year end.
Annex A - Dashboard
## Performance Details – KPIs

### To commence 100% of IOT hearings within 3 weeks of referral
- **January - June:** 100%
- **July:** 100%
- **August:** 100%
- **September – December:** 100%

### Commence 90% of MPT hearings within nine months of referral
- **January – September:** 100%
- **October:** 91%
- **November:** 95%
- **December:** 93%

### Efficiency

#### Finance variance (cumulative)
- **January:** 23,847 (<1%)
- **February:** 132,845 (3.5%)
- **March:** 233,638 (4.9%)
- **April:** 332,137 (5.9%)
- **May:** 353,209 (5.4%)

#### Hearing room utilisation (80%)
- **January:** 94%
- **February:** 93%
- **March:** 74%
- **April:** 65%
- **May:** 79%
- **June:** 64%
- **July:** 80%

#### Hearing days vs budget variance (cumulative)
- **January:** +14 days (15%)
- **February:** +36 days (15%)
- **March:** +2 days (0.8%)
- **April:** +15 days (6.9%)
- **May:** -12 days (<1%)

#### Adjournments – MPT (%)
- **January:** 26%
- **February:** 10%
- **March:** 19%
- **April:** 31%
- **May:** 28%
- **June:** 26%
- **July:** 14%

#### Postponements (granted)
- **2016 cumulative:**
  - Dr (appeal failed or pending): 1 (0)
  - GMC: 0
  - PSA: 0

#### Average hearing length
- **January:** 6.47
- **February:** 8.00
- **March:** 11.37
- **April:** 5.67
- **May:** 6.87
- **June:** 5.71
- **July:** 10

#### PSA Reports
- **January:** 0
- **February:** 0
- **March:** 0
- **April:** 3
- **May:** 1
- **June:** 3

#### Complaints
- **January:** 4
- **February:** 6
- **March:** 1
- **April:** 0
- **May:** 0
- **June:** 0

#### Diversity Quarterly % of MPT
- **N/A**
- **32%**
- **N/A**
- **N/A**
- **36%**
- **N/A**

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**RAG RATINGS**

- **Green** – item is within 5% tolerance of original
- **Amber** – item is under / over spending by between 5%-10%
- **Red** – item is under / over by more than 10%
Annex B - Supporting information
The GMC triaged 690 enquiries in July 2016, down 252 (26.8%) from 942 in June 2016 and down 151 (18%) from 841 in July 2015. The 12 month rolling average is 777 triages per month compared with 790 in June 2016 and 810 in July 2015.

41 triages were directed to notify RO/Employer (5.9% of all triages), up by 18 to 22 triages in June 2016/July 2015 respectively. 31 triages were placed in provisional enquiries (4.5% of all triages) in July 2016 up by 3/1 triages in June 2016/July 2015 respectively.

A total of 79 triages went into S1/NIT (70/9) down 34 (30.1%) from 113 triages in June 2016 and down 108 (57.8%) from 187 triages in July 2015. The 12 month rolling average is 136 compared to 145 in June 2016 and 252 in July 2015.

539 triages were closed in July 2016 (78.1% of all triages), down 239 (30.7%) from 778 in June 2016 and down 31 (570/5.4%) in July 2015. The 12 month rolling average is 563 per month compared to 565 in June 2016 and 536 in July 2015.
Overview

Referrals

MPT Referrals

There were 15 MPT referrals in July 2016 compared to 14 referrals in June 2016 and a 52% decrease from 31 referrals in July 2015. The rolling average in July 2016 was 25 with a slight downward trend compared to 14 in June 2016 and 30 in July 2015.

Commentary

There were 36 referrals to IOT in July 2016, compared to 18 in June 2016 and 57 in July 2015.

The rolling average continues to decline with a 30% decrease from 49 in July 2015 to 34 in July 2016.

IOT Referrals

Hearing Room Utilisation

Hearing room utilisation has increased by 16% from the previous month to 80% in July 2016.

The rolling average remains fairly consistent around 73%, however has increased slightly to 75% in July 2015.

Hearing Room Utilisation

mpts
Overview  Service targets

Service target 4: Commence 90% of MPT hearings within 9 months

Commentary
This published target has since been met after missing for the first time in September 2014.
The figures shown exclude exceptions which are detailed in the main report.

Service target 5: 100% of IOT referrals to be heard within 3 weeks

Commentary
The IOT service target has been met for the last 12 months.
## MPTS Tribunal Member pool diversity statistics

<table>
<thead>
<tr>
<th></th>
<th>Medical Practitioners Tribunal</th>
<th>Interim Orders Tribunal</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male (%)</strong></td>
<td>123 (57%)</td>
<td>34 (56%)</td>
<td>157 (56%)</td>
</tr>
<tr>
<td><strong>Female (%)</strong></td>
<td>94 (43%)</td>
<td>27 (44%)</td>
<td>121 (44%)</td>
</tr>
<tr>
<td><strong>BME (%)</strong></td>
<td>40 (18%)</td>
<td>7 (11%)</td>
<td>47 (17%)</td>
</tr>
<tr>
<td><strong>Disability (%)</strong></td>
<td>11 (5%)</td>
<td>1 (2%)</td>
<td>12 (4%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>217 (100%)</td>
<td>61 (100%)</td>
<td>278 (100%)</td>
</tr>
</tbody>
</table>
# MPT Panel diversity

<table>
<thead>
<tr>
<th>Medical Practitioners Tribunal</th>
<th>Q1 2016</th>
<th>Q2 2016</th>
<th>Q3 2016</th>
<th>Q4 2016</th>
<th>Total 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Actual hearing days</td>
<td>704</td>
<td>554</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Diverse tribunal hearing days - ethnicity and gender (%)</td>
<td>225 (32%)</td>
<td>200 (36%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
</tr>
<tr>
<td>3. Diverse tribunal hearing days - gender only (%)</td>
<td>397 (56%)</td>
<td>280 (51%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
</tr>
<tr>
<td>4. Diverse tribunal hearing days - ethnicity only (%)</td>
<td>43 (6%)</td>
<td>33 (6%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
</tr>
<tr>
<td>5. Non-diverse tribunal hearing days – no BME/Non-BME and single-sex (%)</td>
<td>39 (6%)</td>
<td>41 (7%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
</tr>
</tbody>
</table>
## IOT Diversity

<table>
<thead>
<tr>
<th>Interim Orders Tribunal</th>
<th>Q1 2016</th>
<th>Q2 2016</th>
<th>Q3 2016</th>
<th>Q4 2016</th>
<th>Total 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Actual hearing days</td>
<td>108</td>
<td>91</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Diverse tribunal hearing days – ethnicity and gender (%)</td>
<td>21 (19.5%)</td>
<td>21 (23%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
</tr>
<tr>
<td>3. Diverse tribunal hearing days - gender only (%)</td>
<td>79 (73%)</td>
<td>68 (75%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
</tr>
<tr>
<td>4. Diverse tribunal hearing days - ethnicity only (%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
</tr>
<tr>
<td>5. Non-diverse tribunal hearing days – no BME/Non-BME and single-sex (%)</td>
<td>8 (7.5%)</td>
<td>2 (2%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
</tr>
</tbody>
</table>
Panel Diversity

FTP Diversity Rate

IOP Diversity Rate


mpts medical practice training service
## July 2016
Tribunal actual hearing days, compared with the same period in 2015 (in brackets)

<table>
<thead>
<tr>
<th>Tribunal</th>
<th>July 2016</th>
<th>Year to end July 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Manchester</td>
<td>Outside Manchester</td>
</tr>
<tr>
<td>MPT Conviction</td>
<td>0 (10)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>MPT Determination</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>MPT Health</td>
<td>12 (8)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>MPT Misconduct</td>
<td>150 (73)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>MPT Performance</td>
<td>2 (1)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>MPT English language</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>MPT Multi-factorial</td>
<td>52 (50)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>MPT Non-compliance</td>
<td>3 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>MPT Restoration</td>
<td>6 (4)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Interim Orders Tribunal</td>
<td>27 (41)</td>
<td>0 (0)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>252 (187)</td>
<td>0 (0)</td>
</tr>
</tbody>
</table>
# MPT Postponement Applications Jan - July 2016

<table>
<thead>
<tr>
<th>Applications received</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
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<td>-</td>
<td>10</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>GMC</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>MPTS</td>
<td>-</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9</strong></td>
<td><strong>4</strong></td>
<td><strong>0</strong></td>
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<table>
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<tr>
<th>Applications granted</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>July</th>
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<tr>
<td>Doctor</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>4</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>GMC</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>-</td>
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<tr>
<td><strong>Total</strong></td>
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<td><strong>0</strong></td>
<td><strong>7</strong></td>
<td><strong>0</strong></td>
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Rolling 12 month Adjourned MPT

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<tbody>
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<td>10</td>
<td>7</td>
</tr>
<tr>
<td>%</td>
<td>10</td>
<td>32</td>
<td>23</td>
<td>32</td>
<td>26</td>
<td>26</td>
<td>10</td>
<td>19</td>
<td>31</td>
<td>29</td>
<td>26</td>
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</table>
## Doctor representation data MPT

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
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<td>4</td>
<td>15</td>
<td>17</td>
<td>16</td>
<td>4</td>
<td>8</td>
<td>17</td>
<td>13</td>
<td>12</td>
<td>11</td>
<td>14</td>
<td>138</td>
<td>57%</td>
</tr>
<tr>
<td>Dr not represented but present</td>
<td>2</td>
<td>0</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td>32</td>
<td>13%</td>
</tr>
<tr>
<td>Dr not represented or present</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>6</td>
<td>8</td>
<td>2</td>
<td>13</td>
<td>8</td>
<td>5</td>
<td>8</td>
<td>5</td>
<td>4</td>
<td>73</td>
<td>30%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>18</td>
<td>7</td>
<td>25</td>
<td>25</td>
<td>27</td>
<td>9</td>
<td>25</td>
<td>25</td>
<td>21</td>
<td>21</td>
<td>22</td>
<td>20</td>
<td>243</td>
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</table>
### Doctor representation data IOT

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr represented and either present or not present</td>
<td>22</td>
<td>39</td>
<td>41</td>
<td>28</td>
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<td>14</td>
<td>24</td>
<td>22</td>
<td>22</td>
<td>19</td>
<td>13</td>
<td>15</td>
<td>376</td>
<td>70%</td>
</tr>
<tr>
<td>Dr not represented but present</td>
<td>1</td>
<td>4</td>
<td>8</td>
<td>4</td>
<td>8</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>55</td>
<td>10%</td>
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<tr>
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<td>7</td>
<td>6</td>
<td>13</td>
<td>7</td>
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<td>10</td>
<td>9</td>
<td>8</td>
<td>8</td>
<td>5</td>
<td>109</td>
<td>20%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>34</td>
<td>50</td>
<td>55</td>
<td>45</td>
<td>36</td>
<td>19</td>
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<td>35</td>
<td>30</td>
<td>23</td>
<td>25</td>
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</tbody>
</table>
Doctor representation MPT

- Blue line: Dr represented and either present or not present
- Red line: Dr not represented but present
- Green line: Dr not represented or present
- Purple line: TOTAL

Date range: Jul-15 to Jun-16
Doctor representation IOT
### MPTS 2016 Forecasts

#### Hearing Days Actual to date and Forecast

<table>
<thead>
<tr>
<th></th>
<th>Jan-16</th>
<th>Feb-16</th>
<th>Mar-16</th>
<th>Apr-16</th>
<th>May-16</th>
<th>Jun-16</th>
<th>Jul-16</th>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPT Profiling</td>
<td>252</td>
<td>256</td>
<td>196</td>
<td>171</td>
<td>207</td>
<td>173</td>
<td>225</td>
<td>175</td>
<td>220</td>
<td>220</td>
<td>220</td>
<td>173</td>
<td>2488</td>
</tr>
<tr>
<td>IOT Profiling</td>
<td>32</td>
<td>38</td>
<td>38</td>
<td>33</td>
<td>31</td>
<td>27</td>
<td>27</td>
<td>29</td>
<td>29</td>
<td>29</td>
<td>28</td>
<td>28</td>
<td>369</td>
</tr>
<tr>
<td>Total</td>
<td>284</td>
<td>294</td>
<td>234</td>
<td>204</td>
<td>238</td>
<td>200</td>
<td>252</td>
<td>204</td>
<td>249</td>
<td>249</td>
<td>248</td>
<td>201</td>
<td>2857</td>
</tr>
</tbody>
</table>

| Variance from original forecast | +51 | -46 | +9 | -36 | -2 | -18 | +30 |        |        |        |        |        | 124   |
## Financial outturn and budget

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Actual</th>
<th>Variance</th>
<th>% Var</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Direct staffing costs</strong></td>
<td>1,997,004</td>
<td>1,951,649</td>
<td>45,355</td>
<td>2.3%</td>
<td>Small underspend across the directorate due to being under the budgeted headcount at periods in the year</td>
</tr>
<tr>
<td><strong>Indirect staffing costs</strong></td>
<td>56,778</td>
<td>59,979</td>
<td>(3,201)</td>
<td>(5.6)%</td>
<td>Overspend due to timing of spend on recruitment of new Chair of MPTS</td>
</tr>
<tr>
<td><strong>Office costs</strong></td>
<td>89,297</td>
<td>73,634</td>
<td>15,663</td>
<td>17.5%</td>
<td>Stationery savings through new contract</td>
</tr>
<tr>
<td><strong>Legal costs</strong></td>
<td>9,042</td>
<td>4,320</td>
<td>4,722</td>
<td>52.2%</td>
<td>Provision for instruction of counsel and process servers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hearing days slightly less than budget. Underspend on transcription costs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tribunal Development spend delayed due to rescheduling training activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>to later in the year</td>
</tr>
<tr>
<td><strong>Panel &amp; Associate costs</strong></td>
<td>4,402,087</td>
<td>4,111,416</td>
<td>290,671</td>
<td>6.6%</td>
<td>£202k of efficiencies delivered due to Section 60 LQCs</td>
</tr>
<tr>
<td><strong>Unallocated efficiency savings</strong></td>
<td>(0)</td>
<td>0</td>
<td>(0)</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td>6,554,207</td>
<td>6,200,999</td>
<td>353,209</td>
<td>5.4%</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Hearing days</strong></th>
<th>Budget</th>
<th>Actual</th>
<th>Variance</th>
<th>% Var</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>1718</td>
<td>1709</td>
<td>9</td>
<td>0.5%</td>
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</table>
4 - Assistant Director’s Report

MPTS 2017 Planning

1 Planning for 2017 has now begun across the GMC. For the MPTS this begins with forecasting the number of hearings required in the year. This is made more straightforward for the MTPS by the fact that referrals in the second half of 2016 will be hearings in 2017. However, as noted in the main report, the second half of the year can be subject to more variation.

2 These hearing days will create the baseline resource required for the year. In addition to this any “growth bids” for new activity or for change projects is added.

3 This overall plan is then considered in draft along with plans from the rest of the GMC and revision or review required is undertaken.

4 A complete GMC plan is then compiled and submitted for Council approval, usually in December.

5 For 2017 we have identified a number of activities to be taken forward in MPTS outside the main delivery of hearing days. These are:

   a **Tribunal Members Guidance**: The development and publication of the “bench book” for Tribunal members.

   b **Paperless hearings**: Extending the use of tablets in hearings for MPT reviews as a trial before extending across other hearing rooms.

   c **Transcription Changes**: Looking to deliver efficiencies from our production of transcripts which are a major area of controllable expenditure.

   d **Legally Qualified Chairs**: Completion of implementation covering recruitment and training and extension into other hearing types.
e Live hearing commentary: Development of the existing internal system which communicates on the live status of a hearing across the GMC intranet. Extension to external users, signage in the hearing centre and delivery of management information.

f Pastoral Support for doctors: Arising from Professor Appleby’s review following the report into doctors who commit suicide while under FTP processes, including the implementation of on-site support for self-represented doctors.

g System developments: Development of the Cornerstone system for feedback and appraisal and of the Siebel case management system, including its use for empanelment.

h Research into self-represented doctors: Looking at the guidance and support they currently have. MPTS has delivered major enhancements to support for self-represented doctors including a telephone help line and increased information about hearing processes. We could now consider whether some form of “workbook” for doctors appearing at a hearing might be developed in partnership with the Law Schools delivering the phone service. Additional time is still allowed when listing hearings for self-represented doctors and 30% of adjournments were of hearings where the doctor was self-represented (48% were where the doctor was represented so both areas need to be addressed).

i Video suite: Tribunal and staff feedback is often that use of Video Conferencing in hearings is problematic and unsatisfactory. The environment of the hearing room is not conducive to the effective use of video. We plan to trial a dedicated video suite which would be equipped specifically for video conferences. Lighting, audio and positioning of equipment would be optimised to make the experience as real as possible. If this proves satisfactory it could be extended. Part of the trial will be discussion with Tribunal Members on the options which might include the Tribunal moving to the suite for the purpose of using the video, or making all hearing rooms more effective environments for video use.

j Review of Case Management: The demands of the Case Management process have meant that we have added administrative support on a temporary basis. We will review whether this should be made permanent and whether further additional resource should be added.
Executive summary
Work with the GMC Quality Assurance and Continuous Improvement Team has now started.

Following the Committee meeting on 10 May 2016 an audit of the notice of Hearings process has been completed and a summary and report of this is attached at Annex A.

Quality Assurance (QA) work has progressed according to plan and an update is provided. A full report on the outcomes of the work will be presented at the November meeting.

Recommendation
The MPTS Committee is asked to note the result of the audit and the progress of the QA plans.
Quality Control Audit of Notice of Hearings

1. MPTS asked the Quality Assurance and Continuous Improvement team (QA&CI team) to review the issuing of the Notice of Hearings (NoH) for both the Interim Orders Tribunal (IOT) & Medical Practitioners Tribunal (MPT) processes. The IOT process is new to MPTS, arising out of the section 60 changes implemented on 1 January 2016.

2. The scope of the review was:
   a. To highlight any issues that may have arisen since the S60 revisions and assure the MPTS that the revised process for issuing NoH was in line with legislation, published policy and operational guidance.
   b. To ensure that the NoH process was meeting its legal obligations to provide the doctor with the arrangements of the hearing, any relevant facts regarding the doctor’s rights and the tribunal’s powers of disposal under the Medical Act within the legislative timescale.
   c. To ensure that the IOT & MPT processes for issuing the NoH are conducted in a timely manner and the correct method of notification and documentation is provided to the doctor.
   d. To ensure that local controls, measures and quality standards that support the process are robust and adequate.

3. A sample of 60 NoHs was audited; 45 relating to IOT and 15 to MPTs. The sample was taken from NoHs issued from 1 February to 31 May 2016, allowing time for the new process to settle in. This gives a confidence level of 90%.

4. The conclusion of the review is that the process for sending the NoH for IOT and MPT hearings is of a good standard and is compliant with guidance and policy. Both processes have adequate controls in place and the audit results show there are no significant, high risk compliance issues. The teams have effective systems in place to monitor the workload and performance of staff and local assurance checks are conducted to ensure quality.

5. The audit did identify a number of low risk compliance issues (level 3s) with current guidance which are summarised within the report and relate to two issues:
   a. Timeliness of when a letter is sent.
   b. That the appropriate methods of notification had not been used to issue the NoH. Some of these findings related to NOH letters sent at the start of the year when the process had only just been implemented.
Directorate Quality and Assurance Plans

6 In February the MPTS Committee endorsed a proposal to produce a directorate quality and assurance plan (DQAP) for MPTS.

7 DQAPs support aim 2 of the QA Strategy ‘supporting directorates in setting local quality standards and in implementing, measuring and monitoring these by using appropriate assurance processes.’ DQAPs form the basis of a long-term development plan for each directorate focusing on any actions required following a review of key operational processes and quality standards.

8 Following approval from the Committee the Quality Assurance and Continuous Improvement team have held workshops will all MPTS teams (with the exception of the Communications team) to review and assess existing quality and assurance approaches, controls and measures. We are now at the stage of pulling together draft action plans with managers with a view to having a MPTS plan in place by September. A summary of the findings and actions will be presented to the next MPTS Committee meeting on 15 November 2015.

9 The details of the QA planning process are below and all have been completed on time.

<table>
<thead>
<tr>
<th>Stage One</th>
<th>Activity</th>
<th>Proposed timescales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>Management/Head of Section consultation on the process. QA&amp;CI team meet with Heads of Section.</td>
<td>18 – 29 April</td>
</tr>
<tr>
<td>Stage 2</td>
<td>Staff awareness. Team leaders meetings attended to give an overview of the process.</td>
<td>First two weeks of May</td>
</tr>
<tr>
<td>Stage 3</td>
<td>Identification of processes. The QA&amp;CI team complete a template for each team outlining key processes and guidance documents. This is sent to team leaders for review/update.</td>
<td>To start week commencing 16 May</td>
</tr>
</tbody>
</table>
### Stage 4
- Workshops with each team – to discuss processes and quality controls in place. Each workshop lasts approx. 3 hours. 4-6 people per team attend.
- To start end of May and run to the mid July (staggered approach according to availability).

### Stage 5
- Draft action plan in place for all MPTS teams. Involves a final meeting with each team leader to confirm and prioritise any actions. Approx 1 hour per meeting.
- August

### Stage 6
- Final Plan approved by Assistant Director. Report to MPTS committee
- September/November
Executive summary
This paper details the outputs from the Quality Assurance Group (QAG) for the period 1 January 2016 until 30 June 2016 - covering decisions made up to the end of May 2016.

To date we have reviewed 42% of the decisions made by new Medical Practitioners Tribunals (MPT) and 36% of new Interim Orders Tribunal (IOT) decisions.

Circulars highlighting the key learning points were issued to Tribunal members and Legal Assessors, and published on the MPTS website in July 2016.

Recommendation
The MPTS Committee is asked to note the update which provides information on the quality assurance process to monitor and assist in the improvement of decision-making by Tribunals.
Volumes
1 During the first five months of the year there were 933 MPTS hearings. Of these, 196 were selected for QAG review.

MPT Decisions
2 During this period the QAG reviewed 45% of MPT decisions. QAG letters were issued in 14% of decisions reviewed.

<table>
<thead>
<tr>
<th>Jan-May 2016</th>
<th>MPT (N)</th>
<th>MPT (R)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of hearings</td>
<td>154</td>
<td>82</td>
<td>236</td>
</tr>
<tr>
<td>Cases selected for QAG</td>
<td>65</td>
<td>41</td>
<td>106</td>
</tr>
<tr>
<td>Number of QAG letters</td>
<td>14</td>
<td>3</td>
<td>17</td>
</tr>
</tbody>
</table>

3 Common themes for feedback included a lack of reasons or clarity within the determination and a lack of reference to guidance or appropriate guidance not referred to. Training for 2016 will include sessions to cover these areas.

IOT Decisions
4 During this period the QAG reviewed 13% of IOT decisions*. QAG letters were issued in 11% of decisions reviewed.

<table>
<thead>
<tr>
<th>Jan-May 2016</th>
<th>IOT (N)</th>
<th>IOT (R)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of hearings</td>
<td>163</td>
<td>534</td>
<td>697</td>
</tr>
<tr>
<td>Cases selected for QAG</td>
<td>59</td>
<td>31</td>
<td>90</td>
</tr>
</tbody>
</table>

* This percentage appears lower due to the high volume of review hearings and the reduced selection for this type of hearing, 36% of new hearings were selected for review.
Number of QAG letters

<table>
<thead>
<tr>
<th></th>
<th>IOT (N)</th>
<th>IOT (R)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of QAG letters</td>
<td>6</td>
<td>4</td>
<td>10</td>
</tr>
</tbody>
</table>

5 Common themes for feedback included a lack of reasons and staying within the remit of the IOT. Training for IOT for 2016 has been completed and covered the topic of reasons.

**Case Manager Decisions**

6 31 Rule 29 case manager decisions were selected for review. No feedback letters were issued but some training issues to ensure consistency were identified and will be covered in the 2016 training programme.

**Feedback**

**PSA Feedback**

7 To date in 2016, ten cases were referred to section 29 Case Meetings which resulted in 5 ‘learning points’ letters. The PSA are considering the first appeal raised by the GMC.

8 In all of these instances the learning points were considered by the QAG and shared with the Tribunal Members when appropriate.

**GMC Feedback**

9 During this period the GMC’s Decision Review Group sent the QAG four letters covering seven cases. They have also exercised their new power to appeal a decision for the first time.

**Training issues**

10 Key training issues noted have been in relation to restoration hearings, certain Rules issues and the drafting of determinations. Training is scheduled for September 2016 and will cover a number of areas raised through QAG processes.

**Tribunal Feedback**

11 Feedback from the tribunal during this period has largely been for MPT - regarding the drafting of GMC allegations, inappropriate scheduling of cases, loss of hearing time due to scheduling of witnesses and; for IOT - bundle preparation and proof of service issues due to the revised processes.