To note

Assurance assessments

Issue
1 An update on progress with the assurance assessments pilot.

Recommendation
2 The Strategy and Policy Board is asked to note the progress of the assurance assessments pilot.
Assurance assessments

Issue

3 In January 2015 we commenced a pilot of assurance assessments. Traditionally, some doctors with restrictions were required to undertake a full performance assessment before we removed restrictions from their registration. However this was not consistently applied and in many cases we removed restrictions following positive reports from the doctor’s workplace. Following a number of cases where significant concerns were raised about doctors who had returned to unrestricted practice, we decided to develop a more robust and consistent process that could be applied in all clinical cases prior to removal of restrictions.

4 We have developed a model of more targeted assessments that specifically test the areas of a doctor’s practice that were previously found to be a concern and which we consider will provide additional objective evidence of the doctor’s performance. This evidence will be used to support either a case examiner or a fitness to practise panel when they are reaching a decision on whether it is appropriate to lift restrictions.

Pilot update

5 Towards the end of 2014 we finalised the pilot model which included:

a Delivering training to Team Leaders (Team Leaders play an integral role in determining the nature and the scope of the assessments that we carry out).

b Delivering training to operational teams who will be responsible for identifying cases suitable for the pilot, and managing the pilot process.

c Finalising the guidance for Decision Makers and Assessors.

d Making changes to our case management system, to enable us to identify and report on the number of assessments taking place, and the stage that each of the assessments is at.

6 The pilot went live at the beginning of January 2015 and since then we have been monitoring cases, with a view to inviting doctors to take part in one of these assessments. These will typically be doctors with conditions or undertakings, who have been engaging with the GMC on a regular basis, providing evidence of remediation. However, an assurance assessment may also be suitable for a doctor who has been suspended as a result of a known clinical concern(s), whose suspension is due for review.
We intend to pilot the new process on ten cases and we anticipate that it will take between 18–24 months until all of the assessments have been completed and we are able to analyse the results. The pilot will comprise two phases.

**Phase one**

The first phase will involve ‘performance cases’ that resulted in conditions or undertakings or where a panel imposed a requirement for the doctor to have an assessment prior to review. Performance cases are those where the doctor previously had a performance assessment or a panel made a finding of deficient professional performance.

**Phase two**

The second phase will include ‘clinical misconduct cases’ (where an expert found clinical failings and/or a panel made a finding of misconduct in a clinical case) and appropriate cases that resulted in a suspension.

To date no ‘performance cases’ have been identified that are ready for an assessment but we continue to closely monitor each case as it moves through the process.

**Further updates**

The Board will be further updated on progress with the pilot in due course.
Supporting information

How this issue relates to the corporate strategy and business plan
12 This issue supports Strategic Aim Five – to work better together to improve our overall effectiveness, our responsiveness and the delivery of our regulatory functions.

How the issues support the principles of better regulation
13 A more targeted form of assessment that tests only those areas of a doctor’s practice where concerns were previously identified is a more proportionate approach and consistent use of assessments in all clinical and performance cases will be more transparent and accountable than our current approach.

How the action will be evaluated
14 The pilot will be fully evaluated and the results will be brought back to the Board.

What engagement approach has been used to inform the work (and what further communication and engagement is needed)
15 We worked closely with the medical defence organisations in designing the model.

What equality and diversity considerations relate to this issue
16 The new approach is more consistent and therefore fairer to doctors in the process. The targeted assessments are also a more proportionate approach and will benefit doctors who are overrepresented in our procedures (male doctors, older doctors, black and minority ethnic doctors and overseas doctors.

If you have any questions about this paper please contact: Anna Rowland, Assistant Director of Policy, Business Transformation and Safeguarding, arowland@gmc-uk.org, 020 7189 5077.