

PSA 2018/19 GPhC performance review action plan

February 2020



Introduction

As part of its 2018/19 performance review of the GPhC, the PSA carried out a full audit of fitness to practise, including a targeted review of standards 3, 5, 6, 7 and 8. On this occasion the GPhC did not meet all the fitness to practise standards. Of the 10 standards, six were met. The four standards that were not met, and the standards this improvement plan focuses on, are as follows:

- **Standard 5:** The fitness to practise process is transparent, fair, proportionate and focused on public protection
- **Standard 6:** Fitness to practise cases are dealt with as quickly as possible taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to patients and service users. Where necessary the regulator protects the public by means of interim orders
- **Standard 7:** All parties to a fitness to practise case are kept updated on the progress of their case and supported to participate effectively in the process
- **Standard 8:** All fitness to practise decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain confidence in the profession.

We accept there are a number of areas where we have fallen short of good practice and need to do better. We are using the feedback from the audit as an important opportunity to reflect and learn so that we can make any necessary improvements to our service. To provide additional

assurance, we are enhancing our quality assurance programme for 2020/21 to ensure we are making progress on the areas highlighted in our improvement plan. We are also reviewing our wider assurance framework for fitness to practise to see whether the current approach is sufficient.

A summary of our improvement plan is in Table 1 below. It sets out our commitment to improve going forward and take the necessary steps to address any outstanding concerns.

Improvement actions: standard 5

Reason	Action we have taken	By when
The GPhC is following processes that are not set out in its current internal guidance when making triage decisions (these are decisions made once a concern is raised with it) and when dealing with health cases.	Our internal guidance is being updated to reflect current processes in relation to triage, including how we deal with health cases.	End of March 2020
There were occasions where the GPhC closed a health case at triage but asked the registrant to provide further information about their health. This outcome is not described in the GPhC's guidance. The correspondence in these cases did not explain to registrants the basis on which the GPhC was requesting further information when a decision had been made that there was no evidence of current fitness to practise concerns, nor that they were under no obligation to comply with the GPhC's request.	Reviewing the approach we take in relation to managing health concerns, alongside our new approach to reviewing case closures at triage, will address any risk of this issue recurring.	End of March 2020
<p>The triage guidance does not explain the circumstances in which pre-Investigating Committee (pre-IC) undertakings should be offered to a registrant. The absence of guidance in this area could lead to inconsistent decisions.</p> <p>Also, the information provided to registrants about pre-IC undertakings does not clearly explain that there is no statutory basis for these outcomes or what the consequences of these outcomes could be.</p>	We have produced guidance on 'voluntary agreements', which replace what were previously called 'Pre-IC Undertakings'. The guidance makes clear that any such agreements are not statutory and sets out the consequences for registrants who agree to them. We will train staff to apply the guidance.	Guidance completed in December 2019 (published February 2020) and staff training to be completed by end January 2020

Reason	Action we have taken	By when
<p>In some cases the threshold criteria for deciding whether to refer the case to the Investigating Committee (IC) had not been met, and the GPhC closed the case and issued informal guidance to the registrant. The GPhC's correspondence to the registrant in these cases did not explain that the letter constituted guidance or what the future consequences of being issued with guidance might be.</p>	<p>We will update our internal and external documents about the status and effect of pre-IC guidance.</p>	<p>End March 2020</p>
<p>When registrants are asked to comment on a warning being proposed by the IC, they are asked to do so without knowing the wording of the proposed warning. And the form registrants are invited to complete, that asks whether they agree to the warning or whether they request their case be referred to the Fitness to Practise Committee (FtPC), suggests these are the only two options available to the registrant.</p>	<p>We will review the process for registrants to comment on warnings by the IC and will also review the content of letters and forms to registrants about agreeing to a warning as an alternative to referral to FtPC.</p>	<p>End March 2020</p>

Improvement actions: standard 6

Reason	Action we have taken	By when
<p>The expected improvements in the overall end to end timeframe for concluding cases have still not materialised as the PSA would have expected.</p> <p>There were avoidable or unexplained delays in 56% of the cases audited. This included significant delays in 68% of the investigation cases audited i.e. they were within the GPhC's control and either over a month long or were multiple delays of more than two weeks. In these cases there was limited evidence of the management oversight that had taken place and what effect it had had in ensuring case progression.</p>	<p>We have an ongoing programme of training and development which is partly aimed at improving timeliness of its fitness to practise cases. We are committed to minimising avoidable delays, managing expectations appropriately and explaining clearly to parties when delays are unavoidable. The actions we are taking to support this commitment include:</p> <ul style="list-style-type: none"> • developing existing case monitoring tools to highlight cases that are not progressing within key performance indicators • embedding a supportive performance management culture with an expectation of regular forecasting reviews and the recording of the rationale for any delay in routine activities • introducing guidelines and training on what case review meetings are expected to achieve • enhancing the use of GPhC's guidance on parallel investigations to assist with progression of cases that are on hold. A quality assurance exercise is planned to review implementation of this guidance 	<p>Ongoing</p>

Improvement actions: standard 7

Reason	Action we have taken	By when
<p>There were concerns about customer service in 75% of the cases reviewed. The most prevalent or concerning examples were:</p> <ul style="list-style-type: none"> parties not being updated processes not being clearly explained outcomes not being sent avoidable or unexplained delays short response deadlines being given 	<p>We will use the learning from the PSA audit to inform its developing plans for a more person-centred approach as part of its fitness to practise strategy development. These plans include a series of workshops and events with staff to highlight the importance and impact of how we communicate with everyone involved in the fitness to practise process.</p> <p>We will be seeking views from people who have been involved in the fitness to practise process as a registrant, witness or complainant. This includes inviting a registrant who was a witness in a fitness to practise hearing to our first workshop.</p>	Ongoing
	<p>We established a Customer Service Forum in 2019 (now called the Communications Forum) which is developing an action plan to improve customer service in fitness to practise.</p>	Ongoing
	<p>We will improve our capacity to support parties to participate through training in handling conversations with vulnerable stakeholders.</p>	Sessions delivered in December 2019 and January 2020

Improvement actions: standard 8

Reason	Action we have taken	By when
<p>The GPhC is following a triage process not set out in its current internal guidance. This exposes a risk of inconsistent decisions being made.</p>	<p>As set out in relation to standard 5, our internal guidance is being updated to reflect current processes in relation to triage, including how we deal with health cases.</p>	<p>End March 2020</p>
<p>There were examples of flawed or unclear reasoning at triage, the assessment against the threshold criteria at the end of the investigation and the decision of the IC.</p>	<p>We have supplemented the existing assurance and quality framework at triage with peer review of decisions where there is no further action. There has also been a quality assurance audit of these decisions. No concerns are closed without being checked by a colleague or senior manager.</p> <p>Our plans for 2019/20 include work to improve documentation of reasoning at triage and in IC decisions. Various initiatives and training are planned to support staff to write clear narratives and provide sound reasoning throughout the investigation process. For example, following our evaluation of the revised threshold criteria for referral of cases to the IC, we are running training for staff on making clearer reference to the criteria and evidential test in our decision-making.</p>	<p>December 2019</p> <p>Ongoing</p>
<p>Particular concerns about IC decisions were that the reasons were limited and did not address all aspects of the case or the decision.</p>	<p>We continue to work with the Assurance and Appointments Committee to support statutory committee members to provide sufficiency of reasoning in their decisions.</p>	<p>Training provided November 2019 and follow up workshop planned for Spring 2020</p>

Reason	Action we have taken	By when
	Our Quality Review Group will carry out an assurance tracking exercise of IC decisions as part of a more proactive approach to tracking improvements in critical quality areas – this will strengthen levels of assurance and evidence of improvement.	Spring 2020
There were concerns about the quality of the record-keeping on cases with multiple examples where documents, decisions or the reasons for decisions were not recorded on the case file.	<p>We will improve the recording of evidence on case files, including to show where information from GPhC inspectors has influenced the consideration or decision on a case. This approach will be reflected in the updated triage guidance. We will review the way we use our case management tools to improve record keeping.</p> <p>GPhC operational guidance will be updated to ensure that linked cases are individually updated so that records on each case are tailored and accurate.</p>	<p>Ongoing</p> <p>Guidance updated by end of January 2020</p>

Improvement actions: standards 5,6,7 and 8

Reason	Action we have taken	By when
See above	We are enhancing our quality assurance programme for 2020/21 to ensure there is progress in the areas highlighted in the rest of this action plan.	Ongoing
	This programme of assurance includes an internal audit focused on areas for improvement identified by the performance review.	June 2020
	We are also reviewing its wider assurance framework for fitness to practise to explore any potential gaps and ways to address them	Ongoing

