



COUNCIL

CHRE Performance Review

Meeting: Public - 24 October 2012 **Status:** for information

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Executive Summary

1. The Council for HealthCare Regulatory Excellence (CHRE) annually reviews the performance of all nine healthcare professional regulators, and publishes its findings in a Performance Review Report which is laid before Parliament, the Scottish Parliament, the National Assembly for Wales, and Northern Ireland Assembly.
2. The CHRE's overall assessment of the General Optical Council (GOC) in 2011/12 was that we generally performed well and met the majority of the Standards for Good Regulation. The CHRE raised concerns about two standards within the area of fitness to practise.
3. The schedule for the 2012/13 review has been confirmed, and our submission is due by 3 December 2012. The review will follow the same structure as that for 2011/12.
4. The CHRE is seeking to ensure all regulators provide clear evidence with a specific focus on the outcomes and impact of its work, and has been developing the review process accordingly. Our own approach to the 2011/12 submission was more systematic than in earlier years, and we are continuing to develop and improve our reporting in line with the CHRE's shifting focus.

Background

5. The Performance Review assesses regulators against 24 standards across four key areas (guidance and standards, education and training, registration and fitness to practise). It has developed comparative datasets to support this work. Regulators are required to submit an annual report against these standards, and attend an annual performance review meeting with the CHRE.

6. This CHRE has indicated that it is seeking to ensure all regulators provide clear evidence with a specific focus on successful outcomes and the impact of its work. The template for the 2011/12 submission was revised to increase more systematic reporting from all regulators. The template for 2012/13 will follow the same structure.
7. Our own approach to the completion of the 2011/12 submission was more systematic than in previous years and we are continuing to develop and improve our reporting on outcomes and impact in line with the CHRE's shifting focus. In this respect, we received extremely positive feedback from the CHRE about the quality of last years' submission. The effort and energy that staff put into making that happen was invaluable.
8. As part of the 2011/12 process, Council considered the main issues relating to our submission and provided advice on the key areas (Council meeting in November 2010). For the 2012/13 process this will happen at Council on 23 November 2012. In addition, two members of the Council (Selina Ullah and Liam Kite), attended our annual Performance Review meeting with the CHRE. This was considered a helpful development by all parties.
9. After the publication of the 2011/12 submission, Council considered the strengths and weakness of the review and concluded that there were two areas where the overall process could be improved. Firstly, Council concluded that the standards are general and that it would be helpful to regulators if the CHRE was to share any views it had about an acceptable level of delivery at the start of the process. Secondly, it was concluded that the review somewhat confusingly reported on regulators business plans as opposed to focussing purely on their standards. These issues were raised formally with the CHRE.
10. Taking all above factors into account, the Executive has further reviewed the 2011/12, process and concluded that:
 - Our submission needs to continue improving on reporting outcomes and demonstrating impact;
 - Our submission should avoid reporting on future business plan commitments and focus on demonstrating our delivery of the standards.

Analysis

11. The CHRE's overall assessment of the 2011/12 report was that we generally performed well and met the majority of the Standards for Good Regulation. We were recognised as having taken the lead in initiating collaborative projects with some of the other regulators.

12. Council is asked to note that the CHRE concluded that:

- Guidance and standards - all four standards were met
- Education and training - all five standards were met
- Registration - all five standards were met
- Fitness to practise - eight out of ten standards were met.

13. Council is asked to note that CHRE had specific concerns relating to:

- the time we take to schedule final fitness to practise hearings; and
- our lack of progress in ensuring that we have an appropriate framework in place to reduce the risk of information breaches in our fitness to practice function.

14. The CHRE has now confirmed the content required for the 2012/13 report.

Council is asked to note that as well as covering the 24 standards, the CHRE has asked for evidence concerning the following:

Guidance and standards

What progress has been made on:

- The GOC's review of its processes for setting, developing and publishing standards of competence, conduct and performance.
- The GOC's plans to assess how it should evaluate the effectiveness of its standards, and the role of Stakeholder Reference Groups in the evaluation.
- Any early assessment of the effectiveness or usefulness of the GOC's recent guidance aimed at encouraging employers to contact the GOC if they have concerns about the FtP of employees (GOC press release dated 28 November 2011).

In the review of our standards we need to ensure that registrants and patients clearly understand what is expected of GOC registrants.

Education and training

What progress has been made on:

- The revised Continuing Education and Training scheme due to be launched in January 2013 (GOC press release dated 8 May 2012) and whether or not the scheme should include a clinical skills assessment every six years.
- How will the newly appointed Educational Visit Panel Members help the GOC to quality assure and approve qualifications leading to GOC registration? (GOC press release dated 31 August 2012)

Registration

We indicated in our submission that we expect to make improvements to the registration function next year and as a result the CHRE will look specifically at what progress has been made on:

- The development of a formal independent quality assurance monitoring process in relation to registration.
- Planned work with insurance bodies on how best to share information to enable the GOC to introduce a way of checking registrant's indemnity insurance cover.
- A planned review of the requirements for student and corporate registration with the GOC.
- The implementation of the GOC's new IT system and IT infrastructure (GOC press release dated 8 May 2012) which should enhance the management of our registration processes.
- The planned review of the effectiveness and timeliness of the GOC's registration application processing.
- The GOC's planned review of its approach to working with employers.

Fitness to Practise

As well as the three assessment areas that we have not met in this function, the CHRE will also look at the progress we have made in next year's review against:

- The GOC's consideration of adopting a policy that requires registrants who have been convicted or cautioned for alcohol or drug-related offences to undergo health assessments.
- The GOC's plans to lobby for a change in legislation that would enable the GOC to screen complaints/establish threshold criteria (GOC Audit 2012). As part of this process we will undertake an end to end review including consideration of recruitment, appointments and hearings processes.
- Reducing the delay in bringing Fitness to Practice cases to a final hearing.
- Preparing for the implementation of the new Fitness to Practise Rules (GOC press release dated 30 September 2011).
- The implementation of the new case management system. The new system should improve the GOC's ability to manage its Fitness to Practise caseload effectively and efficiently, and to share information between the registration and Fitness to Practise functions. The introduction of case examiners, and the associated support framework to enable the case examiners to produce good quality and consistent decisions. This change should also help to improve the timeliness of the Fitness to Practise process.

- The proposed review of the adjudication function that was aimed at identifying any improvements that could be made.
- The proposed review of all information and governance systems and procedures.

Risks

15. A poor 2012/13 Performance Review Report could be highly detrimental to our reputation as an effective regulator.
16. The report takes approximately two months to draft. The submission is approximately 100 pages in length. Key datasets must be compiled to support it; generally manually. It requires extensive input from across the organisation, and is very labour intensive. Key staff are required to develop specific content, so production can be undermined by turnover in key roles.

Communications

17. We are taking an active approach to encouraging our stakeholders to submit third party feedback. In 2011/12 the CHRE received this from the Association of Optometrists, NHS Education for Scotland and a registrant (Robert Longhurst).
18. The outcomes of the performance report assessment will be published on the CHRE's website. To ensure openness and transparency with our stakeholders we support this approach and propose that we publish the results on the GOC website.

Recommendations

19. Council is requested to:
 - 19.1 Note the contents of this paper.
 - 19.2 Confirm whether it wishes to have Council members attend the annual Performance Review meeting in 2013.
 - 19.3 Confirm that the annual forward plan for Council meetings should include a discussion at Council after the results have been formally published and a discussion at Council of any key issues prior to submission.

Timeline for future work

20. The indicative timeline for the review is as follow:
 - 26 September - Submission templates received
 - 24 October - Executive report to Council on the 2010/11 cycle
 - 23 November - Executive present key findings at Council
 - 29 November - Executive consider final draft
 - 03 December - Report submitted
 - 31 January 2013 - Performance review letters and third party feedback

received

- 20 February 2013 - Performance review meeting
- 17 April 2013 - Draft Report received
- 02 May - Overview section received
- 22 May - CHRE Council discuss performance review report
- June 2013 - Report published.

Attachments

21. Performance review matrix 2011/12 - Annex 1

Screening:

Are there any implications for the GOC's reserves		NO
Are there any other financial implications – i.e. a change to budget		NO
Are there any legal implications		NO
Are there any resource implications		YES
Are there any equality and diversity implications		NO
Will the report need to be published in Welsh		NO
Are there any Human Rights Act implications		NO

This paper does not have any direct financial, legal or other implications, other than the resource requirements associated with responding to the report. The CHRE's final report and our commitment to implementing the areas for improvement will have broad implications for the GOC, though these have been factored into the business plan and future resource requirements.

Performance Review Matrix

This matrix sets out how the GOC has met the Standards of Good Regulation.

Standard	Assessment
Guidance and standards	
Standards of competence and conduct reflect up-to-date practice and legislation. They prioritise patient safety and patient centred care.	MET THE STANDARD.
Additional guidance helps registrants to apply the regulators' standards of competence and conduct to specialist or specific issues including addressing diverse needs arising from patient centred care.	MET THE STANDARD
In development and revision of guidance and standards, the regulator takes account of stakeholders' views and experiences, external events, developments in the four countries European and international regulation and learning from other areas of its work.	MET THE STANDARD
The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed.	MET THE STANDARD

Education and training	
Standards for education and training are linked to standards for registrants. They prioritise patient safety and patient centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process	MET THE STANDARD
Through the regulator's continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise	MET THE STANDARD
The process for quality assuring education programmes is proportionate and takes account of the views of patients, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the regulator's standards for registration	MET THE STANDARD
Action is taken if the quality assurance process identifies concerns about education and training establishments	MET THE STANDARD
Information on approved programmes and the approval process is publicly available.	MET THE STANDARD

Registration	
Only those who meet the regulator's requirements are registered	MET THE STANDARD
The registration process, including the management of appeals, is fair, based on the regulators' standards, efficient, transparent, secure, and continuously improving	MET THE STANDARD
Through the regulators' registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions on their practice	MET THE STANDARD
Employers are aware of the importance of checking a health professional's registration. Patients and members of the public can find and check a health professional's registration	MET THE STANDARD
Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk based manner.	MET THE STANDARD

Fitness to Practise	
Anybody can raise a concern, including the regulator, about the fitness to practise of a registrant	MET THE STANDARD
Information about fitness to practise concerns is shared by the regulator with employers/local arbitrators, system and other professional regulators within the relevant legal frameworks	MET THE STANDARD
Where necessary, the regulator will determine if there is a case to answer and if so, whether the registrant's fitness to practise is impaired or, where appropriate, direct the person to another relevant organisation	MET THE STANDARD
All fitness to practise complaints are reviewed on receipt and serious cases are prioritised and where appropriate referred to an interim orders panel	DOES NOT MEET THE STANDARD
The fitness to practise process is transparent, fair, proportionate and focused on public protection	MET THE STANDARD
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. Where necessary the regulator protects the public by means of interim orders	INCONSISTENT COMPLIANCE WITH THE STANDARD <i>Concerns about weaknesses in the performance of timely case progression at the adjudication and interim order stage of the fitness to practise process</i>
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	MET THE STANDARD
All fitness to practise decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain	MET THE STANDARD

confidence in the profession	
All final fitness to practise decisions, apart from matters relating to the health of a professional, are published and communicated to relevant stakeholders	MET THE STANDARD
Information about fitness to practise cases is securely retained	DOES NOT MEET THE STANDARD

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